

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1900 1825, Uthman

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

28/1/19

Date / Time:

28/1/19

Registered in Merimen:

28/1/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKW 5138C

Name of Insured:

YUE SHAPON

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A.:

8/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

1505 24762656

Policy No.:

1800/1357

Make / Model:

Audi

Place of Accident:

TAMPINES RD.

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

FBK 2047U



INSRS:

WSP:

Tel:

Liability:

RMKS:

BMH



INSRS:

WSP:

Tel:

Liability:

RMKS:



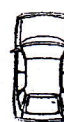
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	23/4/19 Khanchua
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice:	
		LTA / GIA:	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD:	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:
--------------------	------------	----------

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S 245.50	(2 days) Reduction: 55 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia:
Repair Cost:	\$S		
Loss of Rental (LOR):	\$S	(days)	
Loss of Use (LOU):	\$S	(\$ x days)	
Loss of Income (LOI):	\$S	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[Tick only one]	
GIA/LTA Search	\$S		
Medical:	\$S		
Disbursement:	\$S	(e.g. Tow/ Independent)	
Legal Cost	\$S		
Total:	\$S	Global Sum \$S:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S	Name 1:	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	