

15/5/2010

INS. CASE OWNER:

Lynn | CC 4 <sup>ASm</sup> AXA1900 2501, E phz

LKK:  
IDAC:

Surveyor:

STB UE

DOI:

ASSIGNMENT

12/1/10

Date / Time :

12/1/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 59L 667R

Claim No. : 59MOLUE / 97750

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$ D.O.A : 25/1/10

Place of Accident :

Is driver the owner? ( YES / NO ) Nature of Accident :

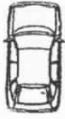
If NO, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJT 7238



INSRS: WSP: Tel: Liability: RMKS: *Jim Chong*



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INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE / PIC
59L 667R - X	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: Sent By:		
<b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:		
Repair Cost: S\$	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]
GIA/LTA Search: S\$		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$	(e.g. Tow/ Independent )	2) Report Format:
Legal Cost: S\$		3) Survey fee:
<b>Total: S\$</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

