

INS. CASE OWNER:

CC 3, III 1900 2843, Kpa3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor: KCC

DOI: 14/2/19

Date / Time: 14/2/19

Registered in Merimen: 15/2/19

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHC8284J

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: 12/2/19

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 12/2/19

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

SHD 930 A



INSRS: \_\_\_\_\_  
WSP: Trans-Cab  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

| Date/Time   | STAGE                             | DATE / PIC  |
|---|-----------------------------------|---|
| <u>SHD 930 A - CCU / AXA 18014148 / UCA392 ; DOA: 24/2/18</u> | Non-Reporting ltr (1st):          |   |
| <u>SHC8284J - 053/11115013806 / Pbdm ; DOA: 11/2/18</u>       | 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>  | <b>Handler</b> <b>Typist</b>                      |
|   | Notification ltr (if non-pickup)  | <input type="checkbox"/> <input type="checkbox"/> |
|   | After call ltr to OI:             | <input type="checkbox"/> <input type="checkbox"/> |
|   | Authorisation To Act:             | <input type="checkbox"/> <input type="checkbox"/> |
|   | Release Voucher:                  | <input type="checkbox"/> <input type="checkbox"/> |
|   | Final Repair Bill:                | <input type="checkbox"/> <input type="checkbox"/> |
|   | Car Rental Invoice:               | <input type="checkbox"/> <input type="checkbox"/> |
|   | Towing Invoice                    | <input type="checkbox"/> <input type="checkbox"/> |
|   | LTA / GIA :                       | <input type="checkbox"/> <input type="checkbox"/> |
|   | Medical Bill:                     | <input type="checkbox"/> <input type="checkbox"/> |
|   | PIR:                              | <input type="checkbox"/> <input type="checkbox"/> |
|   | Mandate/Reject Instruction:       | <input type="checkbox"/> <input type="checkbox"/> |
|   | LOD                               | <input type="checkbox"/> <input type="checkbox"/> |
|   | Payment Breakdown Form:           | <input type="checkbox"/> <input type="checkbox"/> |
|   | Post-Repair Photos:               | <input type="checkbox"/> <input type="checkbox"/> |
|   | Others:                           | <input type="checkbox"/> <input type="checkbox"/> |

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_

Repair Cost: S\$ \_\_\_\_\_ ( \_\_\_\_\_ days) Reduction: \_\_\_\_\_ % 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 + LOI  [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: \_\_\_\_\_

