

INS. CASE OWNER:

CC 4, VPC 1900 6356, Upa3

LKK:  
IDAC:

Surveyor:

*W. Adams*

DOI:

ASSIGNMENT

*10/14/19*

Date / Time:

*10/14/2019*

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : *Ym507R*

Claim No. : *1819/19 / 1205 / 12589*

Name of Insured :

Policy No. :

Insured Tel No. : HP: *113/19*

Make / Model :

Excess Sec II :SS D.O.A: *113/19*

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

*Yp884K*



INSRS:  
WSP: *Wm J. Brown*  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

*Yp884K - X ; Ym507R - X*

STAGE	DATE / PIC
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: Handler Typist</b>	
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"/>

**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: \_\_\_\_\_

