

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1900

6561 / 4 p63

LKK:

IDAC:

Surveyor:

x62

DOI:

ASSIGNMENT

21/1/10

Date / Time:

21/1/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLN 8738C

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$\$

D.O.A.:

21/1/10

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

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

SLN 8738C

SLN 8738C

SLN 8738C



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS: 01



INSRS:

WSP:

Tel:

Liability:

RMKS: TP



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
21/1/10	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	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:
Repair Cost:	\$\$	(days) Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia:
Repair Cost:	\$\$		
Loss of Rental (LOR):	\$\$	(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	\$\$		
Medical:	\$\$		
Disbursement:	\$\$	(e.g. Tow/ Independent)	
Legal Cost	\$\$		
Total:	\$\$	Global Sum \$\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	\$\$	Name 1:	
Payee 2: (Strike if N.A.)	\$\$	Name 2:	
Payee 3: (Strike if N.A.)	\$\$	Name 3:	

