

INS. CASE OWNER:

CC3 / ALG 1900 8977 / Jga3

LKK:
IDAC:

Surveyor:

OHJ

DOI:

ASSIGNMENT

21/5/19

Date / Time:

Registered in Merimen:

21/5/19
21/5/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGD 4099K

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

17/05/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability:

%

Final ? Yes / No

SHB 3825



INSRS:

WSP:

Tel:

Liability:

RMKS:

fmp7, m



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 3825 - NS/MC18014057/Tpko2 - DOA 27/07/2018	Non-Reporting ltr (1st):	
NA/EQI 18614663/24 - DOA 12/08/2018	Non-Reporting ltr (2nd):	
CC3/EQI 186153/NWA302	Non-Reporting ltr (Final):	
SGD 4099K - CC4/PA18006795/ASH352 - DOA 17/04/2015	Notification ltr (if non-pickup):	
CS/AR 15006613/2x5d1 - DOA 17/04/2015	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:	SS	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:
Repair Cost:	SS	
Loss of Rental (LOR):	SS	(days)
Loss of Use (LOU):	SS	(\$ x days)
Loss of Income (LOI):	SS	(\$ x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS	(e.g. Tow/ Independent)
Legal Cost	SS	
Total:	SS	Global Sum SS:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

