

INS. CASE OWNER:

CC 4/ III 19010669 / T1 pa3

LKK:
IDAC:

Surveyor:

MCHA

DOI:

ASSIGNMENT

18/6/2019

Date / Time :

18/6/19

Registered in Merimen:

18/6/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3244C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 10/06/2019

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

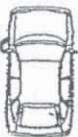
Driver Tel No. :

(V/L: YES / NO)

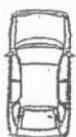
Insured Liability : % Final ? Yes / No

SLQ 8767L

INSRS:
WSP: Team 401 k garage
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time

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:	
Documentation Check List: 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"/>

SLQ 8767L - NA / LIP 19010390 / h4 - DOA 10/06/2019
SHD 3244C - CC3 AXA 4607825 / H142C392 - DOA 09/06/2011
- CC3 / 1116002323 / T1 W9392 - DOA 16/09/2016

ELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	<input type="checkbox"/>	<input type="checkbox"/>
Repair Cost:	S\$	(days) Reduction:	%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Legal Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$				
Cost of Rental (LOR):	S\$	(days)			
Cost of Use (LOU):	S\$	(\$ x days)			
Cost of Income (LOI):	S\$	(\$ x days)			
R only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]	
W/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:		
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Fee 1:	S\$	Name 1:			
Fee 2: (Strike if N.A.)	S\$	Name 2:			
Fee 3: (Strike if N.A.)	S\$	Name 3:			

