

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$S

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

GBC 5457D

INSRS:
WSP:
Tel:
Liability:
RMKS:cheng
hoeINSRS:
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)	
	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: Confirm by:		
Repair Cost:	\$S	(days) Reduction: % Email Call
FINAL SETTLEMENT Date/Time: Confirm with: Email Call		
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No.:	MIL If NO or B 28, Ass. Lia:
Repair Cost:	\$S	CONFLICTING VERSION.
Loss of Rental (LOR):	\$S (days)	
Loss of Use (LOU):	\$S (S x days)	
Loss of Income (LOI):	\$S (S x days)	
LOR only LOR only LOR + LOU LOR + LO		[Tick only one]
GIA/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 Call		
Payee 1:	\$S Name 1:	
Payee 2: (Strike if N.A.)	\$S Name 2:	
Payee 3: (Strike if N.A.)	\$S Name 3:	