

INS. CASE OWNER:

CC 4, MG 190 11316, P1da3

LKK:

IDAC:

Surveyor:

AWK

DOI:

ASSIGNMENT

26/6/19

Date / Time:

26/6/19

Registered in Merimen:

26/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SKK 9039 S

Claim No. :

ha

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS

D.O.A : 25/6/19

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

SHD 1038 U



INSRS:

WSP:

Tel :

Liability :

RMKS:

preman



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 1038 U - CS/PAL 10014872/P1d3n2; 00A: 14/8/18	Non-Reporting ltr (1st):	
	- CS/PAL 1008692/P1d3n2; 00A: 14/8/19	Non-Reporting ltr (2nd):	
	SKK 9039 S - CS/PAL 1006004/P1d3n2; 00A: 21/3/14	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:	☐ ☐

PRELIMINARY ADVICE		Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
				Others:	☐ ☐
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:			

