

INS. CASE OWNER:

CC 6 /AIG1901 2361 /

LKK:

IDAC:

Surveyor:

MARINS

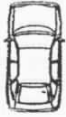
DOI:

ASSIGNMENT

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 )

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

Insured Liability :

%

Final ? Yes / No

SLJ 3287A



INSRS:

WSP:

Tel :

Liability :

RMKS:

Temp  
motor

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                               | STAGE                                | DATE / PIC                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------|
| SLJ 3287A - X                                                                                                                            | Non-Reporting ltr (1st):             |                                                              |
| SFS 163B - X                                                                                                                             | 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"/> <input type="checkbox"/>            |
|                                                                                                                                          | After call ltr to OI:                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Authorisation To Act:                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Release Voucher:                     | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Final Repair Bill:                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Car Rental Invoice:                  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Towing Invoice:                      | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | LTA / GIA :                          | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Medical Bill:                        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | PIR:                                 | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Mandate/Reject Instruction:          | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | LOD                                  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Payment Breakdown Form:              | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Post-Repair Photos:                  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Others:                              | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By:                                                                                            |                                      |                                                              |
| <b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:                                                                                 |                                      |                                                              |
| Repair Cost:                                                                                                                             | S\$ ( days) Reduction: %             | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>                            |                                      |                                                              |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> | [Tick only one]                      |                                                              |
| GIA/LTA Search                                                                                                                           | S\$                                  |                                                              |
| Medical:                                                                                                                                 | S\$                                  |                                                              |
| Disbursement:                                                                                                                            | S\$ (e.g. Tow/ Independent )         |                                                              |
| Legal Cost                                                                                                                               | S\$                                  |                                                              |
| <b>Total:</b>                                                                                                                            | <b>S\$</b>                           | <b>Global Sum S\$:</b>                                       |
| <b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>                               |                                      |                                                              |
| Payee 1:                                                                                                                                 | S\$                                  | Name 1:                                                      |
| Payee 2: (Strike if N.A.)                                                                                                                | S\$                                  | Name 2:                                                      |
| Payee 3: (Strike if N.A.)                                                                                                                | S\$                                  | Name 3:                                                      |

