

15/5/2010

INS. CASE OWNER:

CC 4/FWD1901

4525, Awbh.

LKK:
IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

20/8/19

Date / Time :

20/8/19

Registered in Merimen:

20/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLR 8016R

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

12/8/19

Place of Accident :

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

SKZ 6065G

INSRS:
WSP:
Tel :
Liability :
RMKS:leang
AutomotiveINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SKZ 6065G-1	SLR 8016R-1	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:	☐ ☐

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\$	(S x days)				
Loss of Income (LOI):	S\$	(S x days)				
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]		
GIA/LTA Search	S\$					
Medical:	S\$					
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle		
Legal Cost	S\$			2) Report Format:		
				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:				

