

15/5/2010

INS. CASE OWNER:

Cynthia

CC 4 ^{45M} AXA1901

4558, U 963

LKK:
IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

20/8/19

Date / Time :

20/8/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SM9 5177K

Claim No. :

SM9M02KTK | 137292

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

15/8/19

Place of Accident :

Is driver the owner? (YES / NO)

(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

SKF 6671L



INSRS:
WSP:
Tel :
Liability :
RMKS:

Fastech



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<i>SKF 6671L - X</i>	Non-Reporting ltr (1st):	
<i>SM9 5177K - X</i>	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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: SS	(days)Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. : If NO or B 28, Ass. Lia :	
Repair Cost: SS		
Loss of Rental (LOR): SS	(days)	
Loss of Use (LOU): SS	(\$ x days)	
Loss of Income (LOI): SS	(\$ 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: SS		
Medical: SS		
Disbursement: SS	(e.g. Tow/ Independent)	
Legal Cost: SS		
Total: SS	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1: SS	Name 1:	
Payee 2: (Strike if N.A.) SS	Name 2:	
Payee 3: (Strike if N.A.) SS	Name 3:	

