

15/5/2010

INS. CASE OWNER:

CC 6/AIG1901 9246, Aek

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

7/10/10

Date / Time :

7/10/10

Registered in Merimen:

7/10/10

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 9255A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 29/10/10

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

SJP 8632

INSRS:
WSP: HO
Tel :
Liability :
RMKS: bug-INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SJP 8632-X	SLT 9255A-X			
			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: LWP
Repair Cost:	L/S	S\$ 3,700.00	(5 days) Reduction:	81 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 12.08.20	Confirm with CHRIS		Email ☐ Call ☐
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. :	15	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	3,700.00	OI CHANGED LANE HIT TP		
Loss of Rental (LOR):	S\$	-	(days)		
Loss of Use (LOU):	S\$	360.00	(\$ 60 x 6 days)		
Loss of Income (LOI):	S\$	-	(\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐	[Tick only one]			
GLA/LTA Search	S\$	7.45			
Medical:	S\$	-	1) Claim status: Normal/ Reject Private Clinic		
Disbursement:	S\$	-	(e.g. Tow/ Independent) 2) Report Format: TP		
Legal Cost	S\$	-	3) Survey fee: \$320		
Total:	S\$	4,067.45	Global Sum S\$:		
FINAL PAYMENT		Date/Time: 12.08.20	Confirm with: CHRIS		Email ☐ Call ☐
Payee 1:	S\$	4,067.45	Name 1:	HO BENG TRADING	
Payee 2: (Strike if N.A.)	S\$		Name 2:		
Payee 3: (Strike if N.A.)	S\$		Name 3:		