

CC4/AIG19020410/Kka3

15/5/2010

INS. CASE OWNER:

CC /AIG1900 /

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ _____ D.O.A : _____

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**



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" 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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: \$ \$ 1811.90 (3 days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: 23/4/2020 Confirm with JUNE Email Call
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22 If NO or B 28, Ass. Lia :

Repair Cost: (w/GST) \$ \$ 1,938.73

Loss of Rental (LOR): \$ \$ 240.00 (2 days) X \$120

Loss of Use (LOU): \$ \$ (\$ x days)

Loss of Income (LOI): \$ \$ (\$ x days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search \$ \$ 8.00

Medical: \$ \$

Disbursement: \$ \$ (e.g. Tow/ Independent)

Legal Cost \$ \$

Total: \$ \$ 2,186.73 **Global Sum \$ \$:**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$ \$ 2,186.73 Name 1: Cheng Hoe Motor Pte Ltd

Payee 2: (Strike if N.A.) \$ \$ Name 2: _____

Payee 3: (Strike if N.A.) \$ \$ Name 3: _____