

15/5/2010

INS. CASE OWNER:

CC 4/F-1.190 2194, P 63

LKK:

IDAC:

Surveyor:

PAM

DOI:

ASSIGNMENT

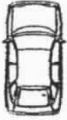
11/12/10

Date / Time :

11/12/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHA 3706D

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

10/12/10

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

SHD 1291D



INSRS:

WSP:

Tel :

Liability :

RMKS:

premier



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 1291D-1	Non-Reporting ltr (1st):	
SHD 1291D-1	Non-Reporting ltr (2nd):	
SHD 1291D-1	Non-Reporting ltr (Final):	
SHD 1291D-1	Notification ltr (if non-pickup):	
SHD 1291D-1	Call OI:	
SHD 1291D-1	After call ltr to OI:	
SHD 1291D-1	Documentation Check List: Handler Typist	
SHD 1291D-1	Notification ltr (if non-pickup)	
SHD 1291D-1	After call ltr to OI:	
SHD 1291D-1	Authorisation To Act:	
SHD 1291D-1	Release Voucher:	
SHD 1291D-1	Final Repair Bill:	
SHD 1291D-1	Car Rental Invoice:	
SHD 1291D-1	Towing Invoice	
SHD 1291D-1	LTA / GIA :	
SHD 1291D-1	Medical Bill:	
SHD 1291D-1	PIR:	
SHD 1291D-1	Mandate/Reject Instruction:	
SHD 1291D-1	LOD	
SHD 1291D-1	Payment Breakdown Form:	
SHD 1291D-1	Post-Repair Photos:	
SHD 1291D-1	Others:	
PRELIMINARY ADVICE Date/Time: Sent By: Confirm by:		
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: S\$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
Repair Cost: S\$		If NO or B 28, Ass. Lia :
Loss of Rental (LOR): S\$	(days)	
Loss of Use (LOU): S\$	(\$ x days)	
Loss of Income (LOI): 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:
Total: S\$	Global Sum S\$:	3) Survey fee:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1: S\$	Name 1:	Email ☐ Call ☐
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

