

15/5/2010

INS. CASE OWNER:

CC 4 / III 190 2161, 12 gbb

LKK:

IDAC:

Surveyor:

Tanjoh

DOI:

ASSIGNMENT

18/1/19

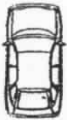
Date / Time :

16/1/19

Registered in Merimen:

13/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SKD 4111X

Claim No. : _____

Name of Insured : JN

Policy No. : MUM005

Insured Tel No. : _____ HP: _____

Make / Model : MUM007

Excess Sec II : S\$ _____ D.O.A : 14/1/19

Place of Accident : AIRPORT SWO

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : SOH HUI YAN 70M

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHB 2249B

INSRS: Ding
WSP: Anto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 2249B - 15/1/19 (F4 1900471) 4/2/19	Non-Reporting ltr (1st):	
SKD 4111X - 1	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: _____	Confirm by: _____	
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\$ _____ (\$ 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: _____	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: _____		

