

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 :\$S _____ 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 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: P/P \$S 3,190.40 (3 days) Reduction: 2,739.30/46% % Email Call

FINAL SETTLEMENT Date/Time: 16/6/2020 Confirm with **Caroline** Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 0

Repair Cost: \$S 3,413.73

Loss of Rental (LOR): \$S 300.00 (3 days) x \$100 4 vehicle chain collision. OI 2nd vehicle.

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 2.00

Medical: \$S

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

Legal Cost \$S

Total: \$S 3,715.73 **Global Sum \$S:**

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

Payee 1: \$S 3,715.73 Name 1: Performance Motors Limited

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

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