

15/5/2010

INS. CASE OWNER:

CC4/AIG21008893/rs3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 24/08/2021

Registered in Merimen: 24/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SFX 50H

Claim No. : _____

Name of Insured : Chang Poh Choo Linda

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 21/08/2021

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

SLC 5074X

INSRS:
WSP: GOLDBELL
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLC 5074X : CC6/AIG20008198/Kes3q2 ; DOA : 05/08/2020	Non-Reporting ltr (1st):	
	SFX 50H : X	Non-Reporting ltr (2nd):	
26/08/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
07/09/21	- TP withdraw case. No survey done.	After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost:	S\$ (days) Reduction:	%	Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:		Confirm with	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email <input type="checkbox"/>	Cal <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LC <input type="checkbox"/>	[Tick only one]	to bill merimen fee \$11 + gst	
GIA/LTA Search	S\$		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$	3) Survey fee:	
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	