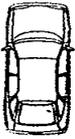


INS. CASE OWNER:

**ASSIGNMENT**

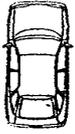
Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : \_\_\_\_\_  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

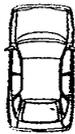


Insured Vehicle No. : \_\_\_\_\_ Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : \_\_\_\_\_ Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

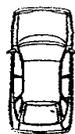
If NO, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : % Final ? Yes / No



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:	
	<b>Documentation Check List:</b>	<b>Handler Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input 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 type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <b>L/S</b> S\$ <b>6,700.00</b> ( <b>6</b> days) Reduction: <b>33</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>03/01/25</b> Confirm with <b>GRACE</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>9%GST</b> S\$ <b>7,303.00</b>		
Loss of Rental (LOR): S\$ _____ ( _____ days)		
Loss of Use (LOU): S\$ <b>360.00</b> (\$ <b>60</b> x <b>6</b> days)		
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <b>2.18</b>		
Medical: S\$ _____	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement: S\$ _____ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost S\$ _____	3) Survey fee: <b>\$ 370.00</b>	
<b>Total:</b> S\$ <b>7,665.18</b> <b>Global Sum S\$: 7,650.00</b>		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <b>7,650.00</b> Name 1: <b>MODERN AUTOMOTIVE PTE LTD</b>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		