

INS. CASE OWNER:

CD/AIG24100094/Aua3

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:                                                   |                                                   |
|                                                                                                                                                                      |                                                                                                   | <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>4,400.00</b> ( <b>7</b> days) Reduction: <b>44</b> %                                       | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>18/06/25</b> Confirm with <b>ANGIE</b>                                              | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>BOLA 27</b>                                    | If NO or B 28, Ass. Lia :                                               |                                                   |
| Repair Cost: <b>9%GST</b>                                                                                                                                            | S\$ <b>4,796.00</b>                                                                               |                                                                         |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>900.00</b> ( <b>9</b> days) x \$100.00                                                     |                                                                         |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                                                                   |                                                                         |                                                   |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                                                                   |                                                                         |                                                   |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                                                   |                                                                         |                                                   |
| GIA/LTA Search                                                                                                                                                       | S\$                                                                                               |                                                                         |                                                   |
| 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>5,696.00</b> <b>Global Sum S\$: 5,690.00</b>                                               |                                                                         |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                                         |                                                   |
| Payee 1:                                                                                                                                                             | S\$ <b>5,690.00</b> Name 1: <b>J-MART MOTOR PTE LTD</b>                                           |                                                                         |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ Name 2:                                                                                       |                                                                         |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ Name 3:                                                                                       |                                                                         |                                                   |