

INS. CASE OWNER:

Janet

CC 3/EQ117021066 1 Swaz

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Sebastian

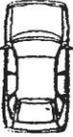
DOI:

02/11/17

Date / Time :

03/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : VP 7703D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 24/10/17

Place of Accident : _____

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

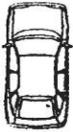
If NO, Driver Name / Age :

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

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

Insured Liability : % Final ? Yes / No

SMB 1342S



INSRS: WSP: SMART (woodlands)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SMB 1342 S - 02/09/13 (CC3/CAT13016638/R1 em392), 24/10/17 (CC3/EQ117021066/SWAZ) VP 7703D - X	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 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"/>	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>	
	Others: <input type="checkbox"/> <input type="checkbox"/>	
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input 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\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____	2) Report Format: _____	
	3) Survey fee: _____	
Total: S\$ _____ Global Sum S\$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

