

CC 3, ALG 180 22911, Jha3

LKK:
IDAC:

INS. CASE OWNER:

Surveyor: Hence Jie

ASSIGNMENT

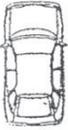
DOI: 20/12/2018

Date / Time: 20/12/18

Registered in Merimen: 21/12/18

Pre-assign / CCU / FTE

SBB 788B



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____
D.O.A: 16/12/2018

Make / Model : _____

Excess Sec II :SS _____ Nature of Accident : _____

Place of Accident : _____

If NO, Driver Name / Age :

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

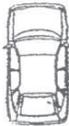
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

SMB 1540L



INSRS:
WSP: Smart. we
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SMB 1540L - X ; SBB 788B - X</u>	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call
 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 LOU only LOR + LOU LOR + LOI [Tick only one]
 GIA/LTA Search S\$ _____
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)
 Legal Cost S\$ _____
Total: S\$ _____ **Global Sum S\$:** _____
 Email Call

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payee 1: S\$ _____ Name 1: _____
 Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
 Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

