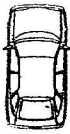


INS. CASE OWNER:

**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 : \_\_\_\_\_

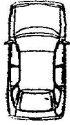
Place of Accident : \_\_\_\_\_

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</b>
			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"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____				
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost:	L/S	S\$ 16,500.00	( 12 days) Reduction: 59,453.88	% 78 Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: 30/06/2020 Confirm with LEE GEK Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	16,500.00		
Loss of Rental (LOR):	S\$	1,906.74	( 18 days) x \$105.93	
Loss of Use (LOU):	S\$		(\$ x days)	
Loss of Income (LOI):	S\$	720.00	(\$ 40 x 18 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$	7.00		
Medical:	S\$			1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$		(e.g. Tow/ Independent )	2) Report Format: TP
Legal Cost	S\$			3) Survey fee: \$600.00
<b>Total:</b>	S\$	19,133.74	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Payee 1:	S\$	19,133.74	Name 1:	SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.)	S\$		Name 2:	
Payee 3: (Strike if N.A.)	S\$		Name 3:	