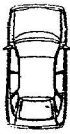


INS. CASE OWNER:

**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 :

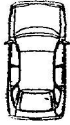
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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 checked="" type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Others:	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____			
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: <b>SUN PIN</b>			
Repair Cost: <b>P/P</b>	S\$ <b>4638.80</b> ( <b>6</b> days) Reduction: <b>\$1140.40 % 20</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>22/04/2020</b> Confirm with <b>JERLEEN</b>		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>(W/GST)</b>	S\$ <b>4963.52</b>		
Loss of Rental (LOR):	S\$ <b>749.00</b> ( <b>7</b> days) x <b>\$107</b> <b>(W/GST)</b>		
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: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$	3) Survey fee: <b>\$350.00</b>	
<b>Total:</b>	<b>S\$ 5712.52</b>	<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\$ <b>5712.52</b>	Name 1:	<b>HUA HONG PRIVATE LIMITED</b>
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	