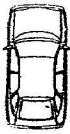


INS. CASE OWNER:

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 : _____

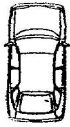
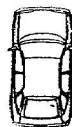
Place of Accident : _____

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:	
			Documentation Check List:	Handler
				Typist
			Notification ltr (if non-pickup)	☐
			After call ltr to OI:	☐
			Authorisation To Act:	☐
			Release Voucher:	☐
			Final Repair Bill:	☐
			Car Rental Invoice:	☐
			Towing Invoice	☐
			LTA / GIA :	☐
			Medical Bill:	☐
			PIR:	☐
			Mandate/Reject Instruction:	☐
			LOD	☐
			Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S	S\$ 1250.00 (3 days)	Reduction: 5247.70 % 81	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 1/05/2020	Confirm with: ANYSIA	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 22	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1337.50	(W/GST)		
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 180.00 (\$ 60 x 3 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$ 7.45			
Medical:	S\$		1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$ 1540.05 1517.50		3) Survey fee: \$350.00	
Total:	S\$ 1517.50	Global Sum S\$: 1500.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 1500.00	Name 1:	HOCK WAH MOTOR WORKSHOP PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		