

INS. CASE OWNER:

ASSIGNMENT

Surveyor: RASUL

DOI: 17/02/2020

Date / Time : 12/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJU 1220X

Name of Insured : LIM SIEW HOON

Insured Tel No. : _____ HP: _____

Excess Sec II : S\$ _____ D.O.A : 28/01/2020 12:50

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

If NO, Driver Name / Age : JOLENE LIM HUI YI

Driver Tel No. : +65-97583420 (VL: YES / NO)

Claim No. : DM20HO00228/JG

Policy No. : DMPPHQ19-005281

Make / Model : MERCEDES-BENZ GLA250-2.0 4MATIC (A)

Place of Accident : ALONG VERDE PLACE

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

Insured Liability : _____ % Final ? Yes / No

SLD 9169A



INSRS:
WSP: ETHOZ
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
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INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SLD 9169A - X	SJU 1220X - X	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)	<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: _____				
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\$ _____		1) Claim status: Normal/Reject/Private Settle		
Medical: S\$ _____	(e.g. Tow/ Independent)	2) Report Format: _____		
Disbursement: S\$ _____		3) Survey fee: _____		
Legal Cost S\$ _____				
Total: S\$ _____	Global Sum S\$: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL PAYMENT Date/Time: _____ Confirm with: _____				
Payee 1: S\$ _____	Name 1: _____			
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____			

