

INS. CASE OWNER:

ASSIGNMENT

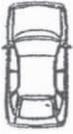
Surveyor: **ADRIAN**

DOI: **24/02/2020**

Date / Time : **25/02/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SLE 1100U**

Claim No. : **SNM20D201024**

Name of Insured : **MONLI CURTAIN**

Policy No. : **DMPCSN3050901900**

Insured Tel No. : _____ HP: _____

Make / Model : **TOYOTA ALPHARD 2.5S A**

Excess Sec II :S\$ _____ D.O.A : **22/02/2020 12:50**

Place of Accident : **ALONG SENG POH ROAD**

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

If NO, Driver Name / Age : **TAN HONG THYE**

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

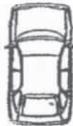
Driver Tel No. : **+65-94368766** (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

SKX 1051P



INSRS:
WSP: **MODERN**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKX 1051P - X	SLE 1100U - 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\$ _____			
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$ _____	3) Survey fee:		
Total:	S\$ _____	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ _____	Name 1:		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		

