

INS. CASE OWNER:

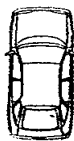
CC6/III20011206/pa3

IDAC:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : **15/10/2020**Registered in Merimen: **15/10/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **GW 5640R**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **14/10/2020**

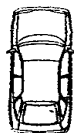
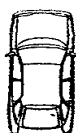
Place of Accident : \_\_\_\_\_

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****SMP 6142X** →INSRS:  
WSP: **CHOO**  
Tel : **MOTOR**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                           |                                   |                                    | STAGE                                         | DATE / PIC                    |
|--------------------------------------|-----------------------------------|------------------------------------|-----------------------------------------------|-------------------------------|
|                                      | <b>SMP 6142X - X</b>              | <b>GW 5640R - X</b>                | 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> <b>Typist</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"/>      |
| <b>PRELIMINARY ADVICE</b> Date/Time: | Sent By:                          |                                    | Post-Repair Photos:                           | <input type="checkbox"/>      |
|                                      |                                   |                                    | Others:                                       | <input type="checkbox"/>      |
| <b>FINALIZATION</b> Date/Time:       | Confirm with:                     |                                    | Confirm by:                                   |                               |
| Repair Cost: S\$                     | ( days)                           | Reduction: %                       | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> 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:                                |                               |
| <b>Total:</b>                        | <b>S\$</b>                        | <b>Global Sum S\$:</b>             |                                               |                               |
| <b>FINAL PAYMENT</b> 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:                            |                                               |                               |