

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: RASUL DOI: \_\_\_\_\_ Date / Time : 12/11/2020  
Registered in Merimen: 12/11/2020

**Pre-assign / CCU / FTE**



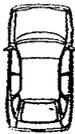
Insured Vehicle No. : SMR 3281L Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 10/11/2020 17:45 Place of Accident : UPPER SERANGOON VIEW MSCP  
Is driver the 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**

**SMK 5508H**



INSRS:  
WSP: **WEARNES AUTOMOTIVE**  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	SMK 5508H - X	SMR 3281L - 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:	
			<b>Documentation Check List: Handler Typist</b>	
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
<b>30/04/2021</b>	<b>SETTLED AND CLOSED / NO PHY FILE</b>		Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" 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: <b>P/P</b> S\$ <b>8,841.20</b> ( <b>4</b> days) Reduction: <b>42.52</b> % Email <input type="checkbox"/> Call <input type="checkbox"/>				
<b>FINAL SETTLEMENT</b> Date/Time: <b>30/04/2021</b> Confirm with <b>CHRISTINE</b> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>23</b> If NO or B 28, Ass. Lia :				
Repair Cost: (W/GST) S\$ <b>9,460.08</b>				
Loss of Rental (LOR): S\$ _____ ( _____ days)				
Loss of Use (LOU): S\$ <b>480.00</b> (\$ <b>120</b> x <b>4</b> days)				
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search S\$ _____				
Medical: S\$ _____				
Disbursement: S\$ _____ (e.g. Tow/ Independent )				
Legal Cost S\$ _____				
<b>Total:</b> S\$ <b>9,940.08</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\$ <b>9,940.08</b> Name 1: <b>WEARNES AUTOMOTIVE PTE LTD</b>				
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____				