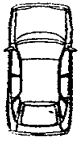


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 04/01/2021
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SJC 4726D Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :\$_____ D.O.A : 01/01/2021 01:45 Place of Accident : TPE/SLE NEAR TAMPINES COURTS
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

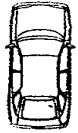
(V/L: YES / NO)

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

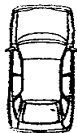
Insured Liability :

%

Final ? Yes / No

SJC 4726DSLS 2057GSHC 1345MSGW 9254X

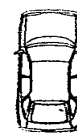
INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS: Automotive
WSP: Repair
Tel : Centre Pte Ltd
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SLS 2057G - CS/AGI20005039/Uyf3e2 ; 04/04/2020</u>	Non-Reporting ltr (1st):	
	<u>CS/AGI20005103/Uyf3e2 ; 04/04/2020</u>	Non-Reporting ltr (2nd):	
	<u>SJC 4726D - CS/INC08021257/Ubh ; 11/08/2008</u>	Non-Reporting ltr (Final):	
	<u>NA/LIP12008889/e1 ; 02/05/2012</u>	Notification ltr (if non-pickup):	
	<u>NA1/INC08014079/c1 ; 01/05/2008</u>	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:	S\$ (_____ days) Reduction: _____ %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____ Email ☐ Call ☐		
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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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 ☐ Call ☐		
Payee 1:	S\$ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		