

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: MARCUS DOI: 23/02/2021 Date / Time : 23/02/2021  
Registered in Merimen: 23/02/2021

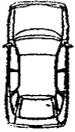
**Pre-assign / CCU / FTE**



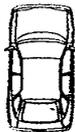
Insured Vehicle No. : SMW 5699B Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 21/02/2021 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / NO ) Nature 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**

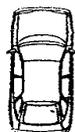
**SLE 3489K**



INSRS:  
WSP: ZOOM  
Tel : AUTOWERKS  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SLE 3489K - CS/AIG20011281/T1vd3e2 ; 17/10/2020</u>	Non-Reporting ltr (1st):	
	<u>NBA/AIG20005058/Y ; 06/04/2020</u>	Non-Reporting ltr (2nd):	
	<u>SMW 5699B - X</u>	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"/> <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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <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\$ _____ 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: _____		