

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

ADRIANDOI: **04/06/2021**Date / Time : **04/06/2021**Registered in Merimen: **09/06/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKU 8608D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :\$D.O.A : **03/06/2021 09:48**Place of Accident : **SELETAR HILLS SHELL PETROL KIOSK**

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

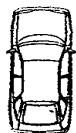
Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : _____

%

Final ? Yes / No**SKM 6650K**

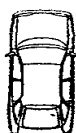
INSRS:

WSP: **UNIMOTOR**

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SKM 6650K	NA/CTI21006392/r3 ; 03.06.2021	
	SKU 8608D		
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
16/11/2021	Pls refer to VIEWS for details.	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: L/sum	S\$ 1,600.00 (3 days) Reduction: 69 %	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 /WP	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$250.00	
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: _____	