

Surveyor:

KENNETH

DOI: 30/07/2021

ASSIGNMENT

Date / Time : 30/07/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKJ 2084L

Name of Insured : _____

Insured Tel No. : _____

HP: _____

D.O.A : 24.07.2021 08:20

Excess Sec II : S\$

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. : _____

Claim No. SNM21D204108/C02/SKJ2084L/CHNGPW

Policy No. : DMPCSNW00038432104

Make / Model : _____

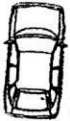
Place of Accident : Toh yi dr towards boonlay

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

Insured Liability : % Final ? Yes / No

SHB 9629Y

(V/L: YES / NO)

INSRS:
WSP: TRANS-
Tel: CAB
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

SKJ 2084L - X

SHB 9629Y -

CC3/AIG19021407/Khs3q2 : 07/07/2013

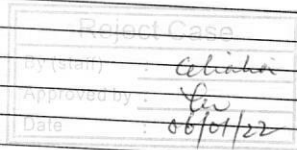
CC3/III16022956/Khb3q2 : 30/11/2016

CC3/TMI15004844/Kvbk3 : 18/03/2015

CS/LPC15010566/K1vbd1 : 24/06/2015

NA/INC09017629/s1 : 04/03/2009

05/01/2022

PLEASE REFER TO VIEWS FOR DETAILS
*SUBMIT REJECT AS PER CTI INSTRUCTION

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:

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:

Repair Cost: P/P

S\$ 3,928.35

(5 days)

Reduction: 65 %

Confirm by:

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

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\$

Disbursement:

S\$

Legal Cost

S\$

(e.g. Tow/ Independent)

Total:

S\$

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settlement

2) Report Format: TP

3) Survey fee: 350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$

Name 1:

Email ☐Call ☐

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: