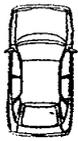


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : 23/9/2021  
 Registered in Merimen: 24/09/2021

**Pre-assign / CCU / FTE**

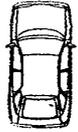
Insured Vehicle No. : SHD 2315M Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 21.09.2021 13:10 Place of Accident : Sembawang Road, Singapore  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

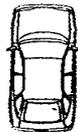
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

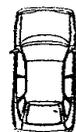
(V/L: YES / NO )

Insured Liability : % **Final ? Yes / No**GBK 5398MSHD 2315MSLH 5688Z

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: **OI**



INSRS:  
WSP: **CHENG**  
Tel : **HOE**  
Liability :  
RMKS: **TP**



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time  |  | STAGE  | DATE / PIC  |
|---|--|--|---|
|   | <u>SLH 5688Z -X</u>                                | Non-Reporting ltr (1st):                                     |   |
|   | <u>SHD 2315M - CC4/AIG09000841/Kvn; 10/01/2009</u> | Non-Reporting ltr (2nd):                                     |   |
|   | <u>CS/III14004643/Kqbd1; 10/03/2014</u>            | Non-Reporting ltr (Final):                                   |   |
|   | <u>NA/INC14013096/n4; 05/07/2014</u>               | Notification ltr (if non-pickup):                            |   |
|   |  | Call OI:   |   |
|   |  | After call ltr to OI:  |   |
|   |  | <b>Documentation Check List:</b>                             | <b>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: _____                            |  |   |