

INS. CASE OWNER:

ASSIGNMENT

Surveyor: ADRIAN DOI: 06/12/2021 Date / Time : 06/12/2021
Registered in Merimen: 07/12/2021

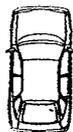
Pre-assign / CCU / FTE



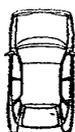
Insured Vehicle No. : SDR 1721D Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 30/11/2021 14:30 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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**

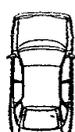
SLD 508P →



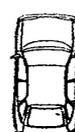
INSRS:
WSP: **YSK AUTO WORKSHOP**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SLD 508P - X | SDR 1721D - X | 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) | <input type="checkbox"/> |
| | | | After call ltr to OI: | <input type="checkbox"/> |
| | | | Authorisation To Act: | <input type="checkbox"/> |
| | | | Release Voucher: | <input type="checkbox"/> |
| | | | Final Repair Bill: | <input type="checkbox"/> |
| | | | Car Rental Invoice: | <input type="checkbox"/> |
| | | | Towing Invoice | <input type="checkbox"/> |
| | | | LTA / GIA : | <input type="checkbox"/> |
| | | | Medical Bill: | <input type="checkbox"/> |
| | | | PIR: | <input type="checkbox"/> |
| | | | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | | | LOD | <input type="checkbox"/> |
| | | | Payment Breakdown Form: | <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: | | Sent By: | Post-Repair Photos: | <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> |
| FINALIZATION Date/Time: | | Confirm with: | Confirm by: LWP | |
| Repair Cost: L/S S\$ 2,100.00 (3 days) Reduction: 69 % | | | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 16.03.22 Confirm with JANET | | | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 | | | If NO or B 28, Ass. Lia : | |
| Repair Cost: S\$ 2,100.00 | | | OI REAR ENDED TP | |
| Loss of Rental (LOR): S\$ - (- days) | | | | |
| Loss of Use (LOU): S\$ 240.00 (\$ 60 x 4 days) | | | | |
| Loss of Income (LOI): S\$ - (\$ - x - days) | | | | |
| LOR only <input type="checkbox"/> LOU only <input checked="" 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: TP | |
| Legal Cost S\$ - | | | 3) Survey fee: \$320 | |
| Total: S\$ 2,340.00 Global Sum S\$: | | | | |
| FINAL PAYMENT Date/Time: 16.03.22 Confirm with: JANET | | | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| Payee 1: S\$ 2,340.00 Name 1: YSK AUTO WORKSHOP | | | | |
| Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____ | | | | |
| Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____ | | | | |