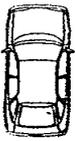


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: ADRIAN DOI: 05/01/2022 Date / Time : 04/01/2022  
 Registered in Merimen: 04/01/2022

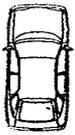
**Pre-assign / CCU / FTE**



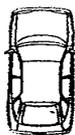
Insured Vehicle No. : GBH 1270P Claim No. : 6750902731SG  
 Name of Insured : \_\_\_\_\_ Policy No. : 1900259623  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 04.01.2022 08:45 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( 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**

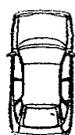
GBE 5119J →



INSRS: **SM**  
 WSP: **AUTOMOTIVE**  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	GBE 5119J - X	GBH 1270P - 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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>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: <b>LWP</b>	
Repair Cost: <b>L/S</b> S\$ <b>13,000.00</b> ( <b>13</b> days) Reduction: <b>57%</b>			Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <b>13.09.22</b> Confirm with <b>SUKYI</b>			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>			If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b> S\$ <b>13,910.00</b>			<b>OID REAR ENDED TP</b>	
Loss of Rental (LOR): S\$ - ( days)				
Loss of Use (LOU): S\$ <b>1,500.00</b> (\$ <b>100</b> x <b>15</b> 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\$ <b>2.00</b>				
Medical: S\$ -			1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement: S\$ - (e.g. Tow/ Independent )			2) Report Format: <b>TP</b>	
Legal Cost S\$ -			3) Survey fee: <b>\$320</b>	
<b>Total:</b> S\$ <b>15,412.00</b> <b>Global Sum S\$: 15,400.00</b>				
<b>FINAL PAYMENT</b> Date/Time: <b>13.09.22</b> Confirm with: <b>SUKYI</b>			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <b>15,400.00</b> Name 1: <b>SM AUTOMOTIVE</b>				
Payee 2: (Strike if N.A.) S\$ Name 2:				
Payee 3: (Strike if N.A.) S\$ Name 3:				