

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : **27/01/2022**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBD 8065R**Claim No. : **21/22/22/VC05/025401**Name of Insured : **KEONG HONG CONSTRUCTION PRIVATE LIMITED**Policy No. : **Z21VC05007420**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **22/01/2022 14:30**

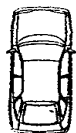
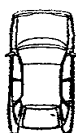
Place of Accident : \_\_\_\_\_

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****GBD 8065R****SJQ 7245G****SMJ 3130G**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: **OI**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: **TP**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                |                                                                                                   | STAGE                                         | DATE / PIC                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------|
|                                                                                                                                                           | <b>SJQ 7245G - NA/MSG15015890/r3 ; 20.09.2015</b>                                                 | Non-Reporting ltr (1st):                      |                               |
|                                                                                                                                                           | <b>GBD 8065R - X</b>                                                                              | 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 Typist</b>         |
|                                                                                                                                                           |                                                                                                   | 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"/>      |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                 | Date/Time: _____ Sent By: _____                                                                   | Post-Repair Photos:                           | <input type="checkbox"/>      |
|                                                                                                                                                           |                                                                                                   | Others:                                       | <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: _____                                                                                 |                                               |                               |