

INS. CASE OWNER:

**ASSIGNMENT**Surveyor: **TAUFIKH**DOI: **03.03.2022**Date / Time : **03/03/2022**

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SMX 5679D**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$ \_\_\_\_\_ D.O.A : **02.03.2022 13:10**

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****SHA 2879T**INSRS:  
WSP: **CDGE**  
Tel : **LOYANG**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time  |   | STAGE   | DATE / PIC  |
|---|---|---|---|
|   | <b>SHA 2879T - CC4/AIG21005059/T1pa3q2 ; 21/04/2021</b>   | Non-Reporting ltr (1st):  |   |
|   | <b>NS/INC10023024/Dr1 ; 11/11/2010</b>  | Non-Reporting ltr (2nd):  |   |
|   | <b>SMX 5679D -X</b>   | Non-Reporting ltr (Final):  |   |
|   |   | Notification ltr (if non-pickup):                                   |   |
|   |   | Call OI:  |   |
| <b>11/03/2022</b>   | <b>Pls refer to VIEWS for details.</b>  | After call ltr to OI:   |   |
|   |   | <b>Documentation Check List:</b>                                    | <b>Handler</b> <b>Typist</b>                      |
|   | <b>*OI done private settlement with TP directly.</b>  | Notification ltr (if non-pickup)                                    | <input type="checkbox"/> <input type="checkbox"/> |
|   |   | After call ltr to OI:   | <input type="checkbox"/> <input type="checkbox"/> |
|   | <b>*Submit WP to CTI</b>  | 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: <b>P/P</b>   | S\$ <b>847.60</b> ( <b>2</b> days) Reduction: <b>61</b> %   | 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: <del>Normal/Reject/Private Settle</del> <b>/WP</b> |   |
| Disbursement:   | S\$ (e.g. Tow/ Independent )  | 2) Report Format: <b>TP</b>   |   |
| Legal Cost  | S\$   | 3) Survey fee: <b>\$280.00</b>                                      |   |
| <b>Total:</b>   | <b>S\$</b> <b>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: _____   |   |   |