

INS. CASE OWNER:

ASSIGNMENT

Surveyor: KENNETH DOI: 20/04/2022 Date / Time : 20/04/2022
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJN 9157E Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ D.O.A : 19/04/2022 17:23 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**

SJN 9157E → SHD 82Y → SMC 5663J → _____



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



INSRS:
WSP: **TRANS - CAB**
Tel :
Liability :
RMKS: **TP**



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 82Y - CC3/AIG13003155/Kwa3q2; 19/07/2013	Non-Reporting ltr (1st):	
	CC3/AXA11014884/Kq1dq2; 22/07/2011	Non-Reporting ltr (2nd):	
	CS/FCI18002463/Kqd3n2; 08/02/2018	Non-Reporting ltr (Final):	
	CS/INC08013020/Vcd1; 18/12/2007	Notification ltr (if non-pickup):	
	CS/RSI08032882/Dfr1; 16/12/2008	Call OI:	
	NA/AIG13005576/r3; 23/03/2013	After call ltr to OI:	
	NA/INC11004282/w1; 08/03/2011	Documentation Check List: Handler Typist	
	NBA/INC14006089/s4; 31/03/2014	Notification ltr (if non-pickup)	<input type="checkbox"/>
	SJN 9157E - X	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:	
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	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:	
Total:	S\$ _____ Global Sum S\$:		
FINAL PAYMENT	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: _____		