

ASSIGNMENTSurveyor: KENNETHDOI: 27/04/2022Date / Time : 27/04/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBD 2236D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 26/04/2022 00:05

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : _____ %

Final ? Yes / No

SHD 145AINSRS:
WSP: TRANS CAB

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time

SHD 145A - NA/INC13021295/r3 ; 11.11.2013

GBD 2236D - 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)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

11/5/22

- CTI ✓ to reject TP claim.

12/5/22

- Email to TP: Reject claim.

Reject Case

By (staff) : Hsiao TangApproved by : [Signature]Date : 12/05/22

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: USUMS\$ 5100.00(3 days)Reduction: 55 %Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

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 ☐LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: