

INS. CASE OWNER:

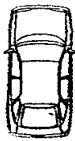
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **6/5/22**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMP 3796D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **04/05/2022**

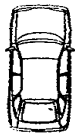
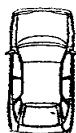
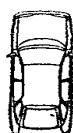
Place of Accident : _____

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****SLM 3246C**INSRS:
WSP: **MG**
Tel : **SOLUTION**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SLM 3246C - CS/LCR17016226/Urbe2 ; 13/04/2017	STAGE	DATE / PIC	
	NA/INC17007252/k4 ; 12/04/2017	Non-Reporting ltr (1st):		
	NA/INC17007386/h4 ; 13/04/2017	Non-Reporting ltr (2nd):		
	SMP 3796D - CS/CTI22001283/Aty3 ; 8/2/22	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:		☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____	
Repair Cost:	S\$ _____	(_____ days) Reduction: _____ %	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\$ _____		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 ☐	Call ☐
Payee 1:	S\$ _____	Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____		