

INS. CASE OWNER:

ASSIGNMENTSurveyor: _____ DOI: _____ Date / Time : **4/5/22**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SNB 1189G**Claim No. : **S2M03ZWZ**Name of Insured : **TEO ZHI QING BENJAMIN**Policy No. : **GA610766**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **30/04/2022 12:55**Place of Accident : **CTE(City) Before Bukit Timah Road Exit**

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****SME 4410T**INSRS:
WSP: **JL Perfect
Autowork**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
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Date/ Time																																																		
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PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____																																																
FINALIZATION	Date/Time: _____	Confirm with: _____																																																
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %	Confirm by: _____																																																
		Email <input type="checkbox"/> Call <input type="checkbox"/>																																																
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Final Liability: % _____	(Agreed / Assessed) BOLA S/N No. : _____	Email <input type="checkbox"/> Call <input type="checkbox"/>																																																
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Loss of Use (LOU): S\$ _____	(\$ _____ x _____ days)																																																	
Loss of Income (LOI): S\$ _____	(\$ _____ x _____ days)																																																	
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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: _____																																																