

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : 10/05/2022Registered in Merimen: 10/05/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SNB 1609L

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 07/05/2022 19:20

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**SMC 4157KINSRS:  
WSP: MODERN  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                |                                      |                        | STAGE                                                        | DATE / PIC                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------|--------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                           | <u>SMC 4157K - X</u>                 | <u>SNB 1609L - X</u>   | Non-Reporting ltr (1st):                                     |                                                   |
|                                                                                                                                                           |                                      |                        | Non-Reporting ltr (2nd):                                     |                                                   |
|                                                                                                                                                           |                                      |                        | Non-Reporting ltr (Final):                                   |                                                   |
|                                                                                                                                                           |                                      |                        | Notification ltr (if non-pickup):                            |                                                   |
|                                                                                                                                                           |                                      |                        | Call OI:                                                     |                                                   |
|                                                                                                                                                           |                                      |                        | After call ltr to OI:                                        |                                                   |
|                                                                                                                                                           |                                      |                        | <b>Documentation Check List:</b>                             | <b>Handler</b> <b>Typist</b>                      |
|                                                                                                                                                           |                                      |                        | Notification ltr (if non-pickup)                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                           |                                      |                        | After call ltr to OI:                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                           |                                      |                        | 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"/>                          |
| <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:                                                                                                                                              | S\$ ( days) Reduction:               | %                      | 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: Normal/Reject/Private Settle                |                                                   |
| Disbursement:                                                                                                                                             | S\$ (e.g. Tow/ Independent )         |                        | 2) Report Format:                                            |                                                   |
| Legal Cost                                                                                                                                                | S\$                                  |                        | 3) Survey fee:                                               |                                                   |
| <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:                |                                                              |                                                   |