

INS. CASE OWNER:

ASSIGNMENT

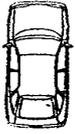
Surveyor: _____ DOI: _____ Date / Time : 08.06.2022
Registered in Merimen: 14.06.2022

Pre-assign / CCU / FTE

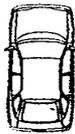


Insured Vehicle No. : SMR 2791M Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ _____ D.O.A : 05/06/2022 11:15 Place of Accident : Near 128 Bukit Merah View, Block 128, Singapore 150128 LOWER DELTA ROAD
Is driver 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**

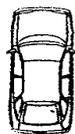
SHB 1270A



INSRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	STAGE	Created By	DATE / PIC
	NA/INC1500#560/d2 09/06/2015	NAKULAN THROMALINGGAM SKJ 6341T	SHB 1270A	SKJ 6341T	07/03/2015	10/06/2015	Non-Reporting Itr (1st):	NLS	
	NS/INC1500#265/R1vbk3 22/04/2015	SHB 1270A	SKJ 6341T	07/03/2015	24/04/2015	Non-Reporting Itr (2nd):			
						Non-Reporting Itr (Final):			
						Notification Itr (if non-pickup):			
						Call OI:			
						After call Itr to OI:			
						Documentation Check List:	Handler	Typist	
						Notification Itr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>	
						After call Itr 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"/>	<input type="checkbox"/>	
						Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
						Others:	<input type="checkbox"/>	<input type="checkbox"/>	
PRELIMINARY ADVICE	Date/Time:					Sent By:			
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
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
Payee 1:	S\$	Name 1:							
Payee 2: (Strike if N.A.)	S\$	Name 2:							
Payee 3: (Strike if N.A.)	S\$	Name 3:							