

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 27/06/2022Registered in Merimen: 27/06/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SNB 184B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 26.06.2022

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**SJH 4751DINSRS:
WSP: RYDER AUTO
Tel : PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	<u>SJH 4751D</u>	<u>NA/MSG22006079/r3 ; 26.06.2022</u>	STAGE DATE / PIC
	<u>SNB 184B</u>	<u>- CS/CTI22004066/Aty3 ; 22.04.2022</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:
			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:		