

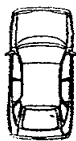
INS. CASE OWNER:

CC6/AIG22006190/Aga3

IDAC:

ASSIGNMENT

Surveyor:

ADRIANDOI: **27/06/2022**Date / Time : **27/06/2022**Registered in Merimen: **29/06/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBG 2380D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25/06/2022 10:45**

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

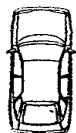
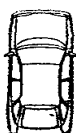
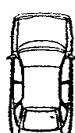
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SBQ 333B**INSRS:
WSP: **YSK AUTO WORKSHOP**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SBQ 333B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	NM/AIG22006091/Ar3 27/06/2022 FONG YOKE CHIN SBQ 333B GBG 2380D 25/06/2022 RBW	Non-Reporting (Full)
	GBG 2380D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting (Full)
	NM/AIG22006091/Ar3 27/06/2022 FONG YOKE CHIN SBQ 333B GBG 2380D 25/06/2022 RBW	Non-Reporting (Full)
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
		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"/> <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 <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:
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: