

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : 05/07/2022  
Registered in Merimen: 05/07/2022

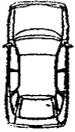
**Pre-assign / CCU / FTE**



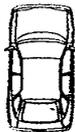
Insured Vehicle No. : SNC 8095S Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 04.07.2022 15:40 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / 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**

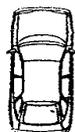
**SLE 5751P**



INSRS:  
WSP: **Hock Wah**  
Tel : **Motor**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SLE 5751P - X	SNC 8095S - X	STAGE	DATE / PIC
			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: Handler 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"/> <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\$			
Disbursement: S\$	(e.g. Tow/ Independent )		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$		2) Report Format:	
			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:		