15/5/2010

INS. CASE OWNER: CC6/CTI22006443/Aga3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ADRIAN　DOI: 04/07/2022　Date / Time : 04/07/2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJF 11T　Claim No. : SNM22D204600/C02/ SJF11T/LEWLC

Name of Insured :　Policy No. :

Insured Tel No. :　HP:　Make / Model :

Excess Sec II :S$　D.O.A : 30/06/2022　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**

SJB 3888G → ______ → ______ → ______

INSRS: WSP: SM Tel : AUTOMOTIVE Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
SJB 3888G -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/SMO22000713/Avf3n2 18/03/2022 SJB 3888G SMJ 5559R 18/01/2022 18/03/2022 LST1		
		Non-Reporting ltr (1st):	
SJT 11F - X		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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time:　Sent By:

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:	