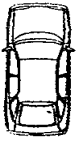


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: ADRIAN DOI: \_\_\_\_\_ Date / Time : \_\_\_\_\_  
Registered in Merimen: 19/07/2022

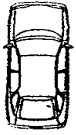
**Pre-assign / CCU / FTE**



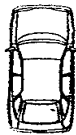
Insured Vehicle No. : SNE 9477G Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 15/07/2022 18:45 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / 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

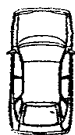
SJG 3341R → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_



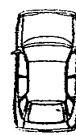
INSRS: Kang Car  
WSP: Repairers  
Tel: Pte Ltd  
Liability:  
RMKS:



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	Created By	DATE / PIC
	NA/DAI15020349/13	01/12/2015 LEE LE XIN,FRANCOISE	SJG 3341R	SGW 3446Z	30/11/2015	04/12/2015	RBW	
	SNE 9477G - X						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:</b>	<b>Handler</b>
							Notification ltr (if non-pickup)	<input type="checkbox"/>
							After call ltr to OI:	<input type="checkbox"/>
							Authorisation To Act:	<input type="checkbox"/>
							Release Voucher:	<input type="checkbox"/>
							Final Repair Bill:	<input type="checkbox"/>
							Car Rental Invoice:	<input type="checkbox"/>
							Towing Invoice	<input type="checkbox"/>
							LTA / GIA :	<input type="checkbox"/>
							Medical Bill:	<input type="checkbox"/>
							PIR:	<input type="checkbox"/>
							Mandate/Reject Instruction:	<input type="checkbox"/>
							LOD	<input type="checkbox"/>
							Payment Breakdown Form:	<input type="checkbox"/>
							Post-Repair Photos:	<input type="checkbox"/>
							Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:						Sent By:	
<b>FINALIZATION</b>	Date/Time:						Confirm with:	Confirm by:
Repair Cost:	S\$	(	days)	Reduction:	%		Email	Call
<b>FINAL SETTLEMENT</b>	Date/Time:						Confirm with	Email
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:	
<b>Total:</b>	<b>S\$</b>						<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time:						Confirm with:	Email
Payee 1:	S\$	Name 1:						
Payee 2: (Strike if N.A.)	S\$	Name 2:						
Payee 3: (Strike if N.A.)	S\$	Name 3:						