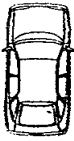


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **20/07/2022**Registered in Merimen: **20/07/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJS 3060M**

Claim No. : _____

Name of Insured : **SHAHEERAH BINTE MOHD SALIM**Policy No. : **SP2000784061-01**

Insured Tel No. : _____ HP: _____

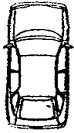
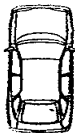
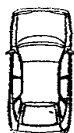
Make / Model : **Hyundai I30****Excess Sec II :S\$** _____ D.O.A : **17/07/2022 11:30**Place of Accident : **BLK 156 YISHUN ST. 11 (OSCP CARPARK LOT 219)**

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

If **NO**, Driver Name / Age : **JASWIN SINGH S/O SUKHMANDAR SINGH**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SLT 2947H**INSRS:
WSP: **XIN HUA
WORKSHOP
PTE LTD**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJS 3060M - X	SLT 2947H - 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:	
			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: _____		