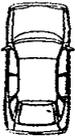


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : 21/07/2022  
 Registered in Merimen: \_\_\_\_\_

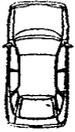
**Pre-assign / CCU / FTE**



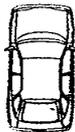
Insured Vehicle No. : SME 887C Claim No. : S2M046UG  
 Name of Insured : PUSHPARAJU GOVINDARAJU Policy No. : GA535145  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : Toyota Corolla  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 15/07/2022 22:10 Place of Accident : SERANGOON NORTH AVE 1 CARPARK  
 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**

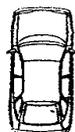
**GBB 3480T**



INSRS:  
WSP: Million Auto Service  
Tel : \_\_\_\_\_  
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	STAGE	Created By	DATE / PIC
	NA/INC1901	22/7/24	11/07/2019	CHELLATHURAI IRINE	SUSEELA BAI	ASWIN JENU	GBB 3480T	SL	22/20X	10/07/2019 15/07/2019 HZT
	SME 887C - 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>	<b>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"/>
								Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
								Others:	<input type="checkbox"/>	<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	<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\$									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 <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:						