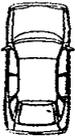


INS. CASE OWNER:

ASSIGNMENT

Surveyor: STEVE DOI: 22/07/2022 Date / Time : 21/07/2022
 Registered in Merimen: _____

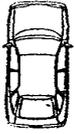
Pre-assign / CCU / FTE



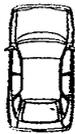
Insured Vehicle No. : SME 887C Claim No. : S2M046UG
 Name of Insured : PUSHPARAJU GOVINDARAJU Policy No. : GA535145
 Insured Tel No. : _____ HP: _____ Make / Model : Toyota Corolla
Excess Sec II :S\$ _____ D.O.A : 15/07/2022 22:10 Place of Accident : SERANGOON NORTH AVE 1 CARPARK
 Is driver the owner?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

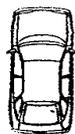
GBB 3480T



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 2220X	10/07/2019	15/07/2019	HZT		
	SME 887C - X							Non-Reporting Itr (1st):		
								Non-Reporting Itr (2nd):		
								Non-Reporting Itr (Final):		
								Notification Itr (if non-pickup):		
								Call OI:		
								After call Itr to OI:		
								Documentation Check List:	Handler	Typist
								Notification Itr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
								After call Itr 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"/>
PRELIMINARY ADVICE	Date/Time:							Confirm with:		Confirm by:
Repair Cost:	<u>Repair range</u> S\$ 3,000 \$4,000 (5 days) Reduction:								Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	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: <u>TP/WP</u>	
Legal Cost	S\$								3) Survey fee: <u>\$100</u>	
Total:	S\$							Global Sum S\$:		
FINAL PAYMENT	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:						