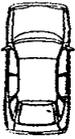


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : 28/07/2022  
 Registered in Merimen: 28/07/2022 by wksp

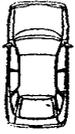
**Pre-assign / CCU / FTE**



Insured Vehicle No. : SJB 4498S Claim No. : 202222005754  
 Name of Insured : CHUA KIM HEOK Policy No. : SP2000688769  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : Honda Airwave  
**Excess Sec II : S\$** \_\_\_\_\_ D.O.A : 19/07/2022 10:00 Place of Accident : EUNOS LINK TOWARDS UBI AVENUE 3  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : TAN WEI XIANG, RYAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

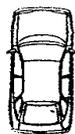
**SFL 6000B**



INSRS: \_\_\_\_\_  
 WSP: Vin's Motor Pte Ltd  
 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  | Created By                                      | DATE / PIC  |
|---|---|---|---|
|   | SFL 6000B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date<br>CC7/AIG12010972/Cm1up1 10/08/2012 SFL 6000B SGB 9198K 31/05/2012 14/08/2012 M/SQ    |   |   |
|   | CS/INC13007366/M1k3 03/05/2013 SFL 6000B SGT 4030Z 07/12/2012 06/05/2013 TK3  |   |   |
|   | SJB 4498S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date<br>CC3/CA114020079/H1kde3q2 23/12/2014 SHC 32921 SJB 4498S 21/10/2014 29/12/2014 L/SF3 |   |   |
|   |   | Non-Reporting Itr (1st):                        |   |
|   |   | Non-Reporting Itr (2nd):                        |   |
|   |   | Non-Reporting Itr (Final):                      |   |
|   |   | Notification Itr (if non-pickup):               |   |
|   |   | Call OI:  |   |
|   |   | After call Itr to OI:                           |   |
|   |   | <b>Documentation Check List: Handler Typist</b> |   |
|   |   | 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"/> |
| <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\$ _____   |   |   |
| Disbursement:   | S\$ _____ (e.g. Tow/ Independent )  | 1) Claim status: Normal/Reject/Private Settle   |   |
| Legal Cost  | S\$ _____   | 2) Report Format:                               |   |
| <b>Total:</b>   | <b>S\$ _____ Global Sum S\$:</b>  | 3) Survey fee:                                  |   |
| <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: _____   |   |   |