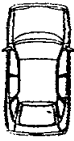


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 28/07/2022Registered in Merimen: 30/07/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : EU 3883D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

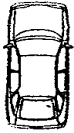
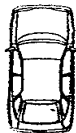
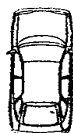
Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 27/07/2022 18:20Place of Accident : Jln Besar, SingaporeIs driver the owner? (YES / NO) Nature of Accident : NEAR DESKER ROAD

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**SHD 3361YINSRS: CDGE
WSP: LOYANG
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	Stage Created By	DATE / PIC
SHD 3361Y -	CC3/CT119022502/Fea3n2 17/03/2020 SHD 3361Y SLG 4044T 28/11/2019 17/03/2020 L SP	Non-Reporting ltr (1st):	
EU 3883D - X	CC4/III17021348/R1ja3q2 27/04/2018 SJV 4640S SHD 3361Y 03/11/2017 27/04/2018 AMI	Non-Reporting ltr (2nd):	
	NA/CTI19021095/z4 29/11/2019 TAN SWEE TIEN SLG 4044T SHD 3361Y 28/11/2019	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: _____		