

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **10.08.2022**Registered in Merimen: **10.08.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMS 3513M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **06.08.2022 07:35**

Place of Accident : _____

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

If NO, Driver Name / Age :

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

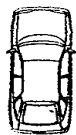
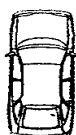
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

PC 2707BINSRS:
WSP: **SC AUTO
INDUSTRIES (S)
PTE LTD**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																																	
	PC 2707B - X	SMS 3513M - X	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler Typist</td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td>☐ ☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐ ☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐ ☐</td></tr> <tr><td>Release Voucher:</td><td>☐ ☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐ ☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐ ☐</td></tr> <tr><td>Towing Invoice</td><td>☐ ☐</td></tr> <tr><td>LTA / GIA :</td><td>☐ ☐</td></tr> <tr><td>Medical Bill:</td><td>☐ ☐</td></tr> <tr><td>PIR:</td><td>☐ ☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐ ☐</td></tr> <tr><td>LOD</td><td>☐ ☐</td></tr> <tr><td>Payment Breakdown Form:</td><td>☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐ ☐</td></tr> <tr><td>Others:</td><td>☐ ☐</td></tr> </tbody> </table>	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:	☐ ☐
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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 :																																														
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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:																																															