

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **10.08.2022**
Registered in Merimen: _____

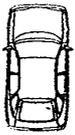
Pre-assign / CCU / FTE



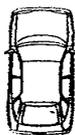
Insured Vehicle No. : **YP 9162B** Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **09.08.2022** Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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**

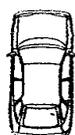
SHC 1151E



INSRS:
WSP: **CDGE 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 Date	STAGE	Created By	DATE / PIC
	CC3/AIG09016659/Cwq1	24/09/2009	SHC 1151E	SJQ 1280T		24/07/2009	28/09/2009	Non-Reporting ltr (1st):		
	CC4/AXA10021945/Dp2fr1	20/12/2010	SHC 1151E	SJX 9399X		28/10/2010	20/12/2010	Non-Reporting ltr (2nd):		
	CC4/III19016504/Kga3q2	28/05/2020	SKG 4842T	SHC 1151E		13/09/2019	28/05/2020	Non-Reporting ltr (Final):		
	YP 9162B - Reference Entry							Notification ltr (if non-pickup):		
	CS3/ASM18016769/R1cbe2	08/10/2018	SMC 1518Y	YP 9162B		12/09/2018	10/10/2018	Call OI:		
	CS3/ASM18016769/R1cbe2-1	24/01/2019	SMC 1518Y	YP 9162B		12/09/2018	25/01/2019	After call ltr to OI:		
								Documentation Check List:	Handler	Typist
								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"/>
PRELIMINARY ADVICE	Date/Time:		Sent By:							
FINALIZATION	Date/Time:		Confirm with:					Confirm by:		
Repair Cost:	S\$		(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:		
Legal Cost	S\$							3) Survey fee:		
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:							