

INS. CASE OWNER:

ASSIGNMENTSurveyor: XING GUO QIANGDOI: 17/08/2022Date / Time : 17/08/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SJC 9661Z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 17/08/2022 05:00

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 7872TINSRS:
WSP: CDGE
Tel : LOYANG
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
SHC 7872T -	CC3/FCI14020722/Ktbk3 07/11/2014 SHD 571C SHC 7872T 23/07/2014 10/11/2014 CL	Non-Reporting ltr (1st):	
	CS/FCI16020576/T1qh3q2 09/01/2017 SJD 6286M SHC 7872T 25/10/2016 11/01/2017 CGY	Non-Reporting ltr (2nd):	
	CS3/FCI17000068/T1qbm2 15/03/2017 SGS 1926P SHC 7872T 02/01/2017 15/03/2017 NCK	Non-Reporting ltr (3rd):	
	NBA/AIG16020337/Y 25/10/2016 TAN CHIN HUI(CHEN ZHENHUI) SJD 6286M SHC 7872T 25/10/2016 31/10/2016 RBA	Notification ltr (if non-pickup):	
	NS/INC17003753/H1qh3m2 14/03/2017 SHC 7872T SGY 7353X 21/02/2017 17/03/2017 KCCY		
SJC 9661Z - X		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	
		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\$ _____		
Disbursement:	S\$ (e.g. Tow/ Independent) _____		
Legal Cost	S\$ _____		
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: _____		