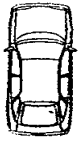


INS. CASE OWNER:

ASSIGNMENT

Surveyor: **MARCUS** DOI: **26/08/2022** Date / Time : **26/08/2022**
Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJZ 3588X**Claim No. : **S2M049Q6**Name of Insured : **TAN HOCK TEE**Policy No. : **GA467568**

Insured Tel No. : _____ HP: _____

Make / Model : _____

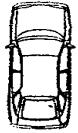
Excess Sec II :S\$ _____ D.O.A : **25/08/2022 10:00**Place of Accident : **TUAS CHECKPOINT**

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

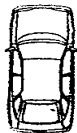
If NO, Driver Name / Age :

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

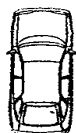
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SMP 5087D**

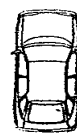
INSRS:
WSP: **CONVERGENCE**
Tel : **AUTOMOTIVE**
Liability : **PTE LTD**
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMP 5087D - X		SJZ 3588X - X		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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:			Post-Repair Photos:	☐ ☐
					Others:	☐ ☐
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:				