

INS. CASE OWNER:

ASSIGNMENT

Surveyor: ADRIAN DOI: 24/08/2022 Date / Time : 23/08/2022
 Registered in Merimen: 28/08/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 6297B Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 18/08/2022 13:50 Place of Accident : ADAM ROAD FOOD CENTRE OPEN SPACE
 Is driver the owner? (YES / NO) Nature of Accident : CARPARK

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**

SLT 737K



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Stage	Date	Close Date	Created By
SLT 737K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date	Non-Reporting	12/03/2019	16/12/2019	RBA
NBA/LIP19021878/Y 12/12/2019 ONG ENG KIONG SLU 7543B SLT 737K	Non-Reporting	06/06/2015		CKL
GBD 6297B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date	Non-Reporting	27/05/2015		CKL
CS3/FC115007154/Fvbq2 27/05/2015 GBD 6297B SHB 3421T 24/04/2015	Non-Reporting	27/04/2015		NLS
NA/AIG15007017/d2 24/04/2015 TOH THIAM HOCK GBD 6297B SHB 3421T 24/04/2015	Non-Reporting			
	Call OI:			
	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"/>	
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:		