

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 30.08.2022
Registered in Merimen: 30.08.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SJQ 7570S Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 27/08/2022 21:17 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**

SMT 338S



INSRS:
WSP: **OPTIMA**
Tel : **WERKZ**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | Customer Name | Vehicle No. | TP Vehicle No. | Accident Date | Close Date | Created By | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SMT 338S | Reference Entry | 1008078/Bvcn2 | JRN 470 | 01/09/2021 | 27/07/2021 | NMY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SJQ 7570S | Reference Entry | 12024269/M1sa3q2 | SGM 8615Y SJQ 7570S | 03/02/2014 | 04/02/2014 | HMK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Notification ltr (if non-pickup): Call OI: After call ltr to OI: Documentation Check List:</p> <table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification ltr (if non-pickup)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LTA / GIA :</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> | | | | | | | 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"/> |
| 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 | 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 | <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\$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |