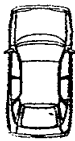


INS. CASE OWNER:

ASSIGNMENTSurveyor: **RASUL**DOI: **13/09/2022**Date / Time : **12/09/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJT 6553H**Claim No. : **S2M04ATH**Name of Insured : **TOH MENG SIM**Policy No. : **GA589786**

Insured Tel No. : _____ HP: _____

Make / Model : **TOYOTA / ALLION 1.5 A**Excess Sec II :S\$ _____ D.O.A : **10/09/2022 12:00**Place of Accident : **GEYLANG LORONG 32 SINGAPORE**

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

If NO, Driver Name / Age : **CHENG MUI KIEW**

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

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

Insured Liability : % **Final ? Yes / No****SHD 6174B**INSRS:
WSP: **STRIDES**
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 Created By	DATE / PIC
SHD 6174B	NS/INC12004190/R1fn 26/04/2012 SHD 6174B SGC 3595G 24/02/2012 27/04/2012 MRB NS/INC14010356/K1vbu2 24/06/2014 SHD 6174B SCZ 2008T 01/06/2014 25/06/2014 CKL	
SJT 6553H	CS/ASM22008948/Uny3 12/09/2022 SKW 4952A SJT 6553H 10/09/2022 RAP	
	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: _____	