

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : **13.09.2022**Registered in Merimen: **13.09.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJS 3999E**

Claim No. : \_\_\_\_\_

Name of Insured : **TAN LIP HONG**

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

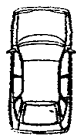
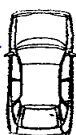
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **08/09/2022 17:20**Place of Accident : **PIE TOWARDS TUAS**

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

If **NO**, Driver Name / Age : **SHAWN TAN ZHENG JIE**

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

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

Insured Liability : % **Final ? Yes / No****SDR 26J**INSRS: **MY CAR**  
WSP: **CONSULTANT**  
Tel : **PTE LTD**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                |                                    | STAGE                                                        | DATE / PIC               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|--------------------------|
| <b>SDR 59J - X</b>                                                                                                                                        |                                    |                                                              |                          |
| <b>SJS 3999E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By</b>                                      |                                    |                                                              |                          |
| <b>CC6/AIG22003278/Bga3q2 15/06/2022 SJS 3999E GBH 8030U 06/04/2022 15/06/2022 HMK</b>                                                                    |                                    |                                                              |                          |
| <b>NBA/FWD22008897/Y 09/09/2022 TAN ZI FENG (CHEN ZIFENG) SDR 26J SJS 3999E 08/09/2022 RBA</b>                                                            |                                    |                                                              |                          |
|                                                                                                                                                           |                                    | Notification ltr (if non-pickup):                            |                          |
|                                                                                                                                                           |                                    | Call OI:                                                     |                          |
|                                                                                                                                                           |                                    | After call ltr to OI:                                        |                          |
|                                                                                                                                                           |                                    | <b>Documentation Check List: Handler Typist</b>              |                          |
|                                                                                                                                                           |                                    | Notification ltr (if non-pickup)                             | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | After call ltr to OI:                                        | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | Authorisation To Act:                                        | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | Release Voucher:                                             | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | Final Repair Bill:                                           | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | Car Rental Invoice:                                          | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | Towing Invoice                                               | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | LTA / GIA :                                                  | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | Medical Bill:                                                | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | PIR:                                                         | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | Mandate/Reject Instruction:                                  | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | LOD                                                          | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | Payment Breakdown Form:                                      | <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                      | Sent By:                           | Post-Repair Photos:                                          | <input type="checkbox"/> |
|                                                                                                                                                           |                                    | Others:                                                      | <input type="checkbox"/> |
| <b>FINALIZATION</b> Date/Time:                                                                                                                            | Confirm with:                      | Confirm by:                                                  |                          |
| Repair Cost: S\$                                                                                                                                          | ( days) Reduction: %               | Email <input type="checkbox"/> Call <input type="checkbox"/> |                          |
| <b>FINAL SETTLEMENT</b> 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:                                               |                          |
| <b>Total: S\$</b>                                                                                                                                         | <b>Global Sum S\$:</b>             |                                                              |                          |
| <b>FINAL PAYMENT</b> 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:                            |                                                              |                          |