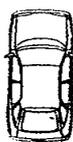


INS. CASE OWNER:

ASSIGNMENT

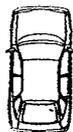
Surveyor: TAUFIKH DOI: 14/09/2022 Date / Time : 14/09/2022
 Registered in Merimen: _____

Pre-assign / CCU / FTE

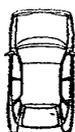


Insured Vehicle No. : GBG 2908H Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 13.09.2022 20:25 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

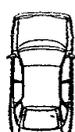
SH 8507K



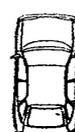
INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:



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	Close Date	Reported By	DATE / PIC
	SH 8507K -	17/05/2022	LIAN YONG LIANG	SMH 9241R	SMH 9241R	29/03/2021	19/05/2022	19/05/2022	RMK	
	GBG 2908H -	22/11/2017		GBG 2908H	SLH 9271R	19/11/2017	15/08/2018	15/08/2018	CS	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____										
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____										
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\$									
Disbursement:	S\$	(e.g. Tow/ Independent)							1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$								2) Report Format:	
									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:								