

INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **26.09.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLJ 7747M**Claim No. : **S2M04BK6**Name of Insured : **PANG YAN**Policy No. : **GA519724**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **22/09/2022**Place of Accident : **VICTORIA ST TURN RIGHT TWDS****ROCHOR RD**

Is driver the owner? (YES / NO)

Nature of Accident : _____

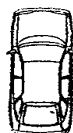
If **NO**, Driver Name / Age :

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SKR 1531C**INSRS:
WSP: **Advance Auto**
Tel : **Garage**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKR 1531C - X	SLJ 7747M - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
08/05/2023	HSBC -		Documentation Check List:	Handler
	Pls submit Final Bill and close file on your end.		Notification ltr (if non-pickup)	☐
	TP have submitted claim through their lawyers.		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: L/SUM	S\$ 5,200.00	(6 days) Reduction: 24 %	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 /WP	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$250.00	
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: _____		