

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : 05.10.2022  
 Registered in Merimen: 05.10.2022

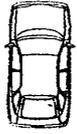
**Pre-assign / CCU / FTE**



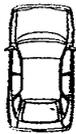
Insured Vehicle No. : EY 10E Claim No. : \_\_\_\_\_  
 Name of Insured : CHNG TIANXI Policy No. : SP2002746429-01  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : BMW 7 SERIES  
**Excess Sec II : S\$** \_\_\_\_\_ D.O.A : 23/09/2022 04:30 Place of Accident : Near 66 Syed Alwi Rd, Singapore 207645  
 Is driver the owner? ( YES / NO ) Nature of Accident : 65 SYED ALWI ROAD

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**

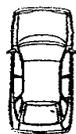
**SFZ 8838P**



INSRS:  
WSP: **MODERN**  
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	Stage	Reported By	DATE / PIC	
	SFZ 8838P	29/04/2015	Upm3q2	CC6/AIG15002936	GZ 4782E	13/02/2015	28/04/2015	Non-Reporting Itr (1st):			
	NA/HSB09004328	26/02/2009	LANGE LOY PEI LONG	SFZ 8838P	YL 2788M	25/02/2009	27/02/2009	Non-Reporting Itr (2nd):			
	EY 10E	28/09/2022	Aqy3	CS/AIS22009587	SMR 4877L	24/09/2022		Non-Reporting Itr (Final):			
								Notification Itr (if non-pickup):			
								Call OI:			
								After call Itr to OI:			
								<b>Documentation Check List:</b>	<b>Handler</b>	<b>Typist</b>	
								Notification Itr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>	
								After call Itr 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"/>	
<b>PRELIMINARY ADVICE</b>	Date/Time:					Sent By:					
<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\$										
Disbursement:	S\$	(e.g. Tow/ Independent )				1) Claim status: Normal/Reject/Private Settle					
Legal Cost	S\$										
<b>Total:</b>	<b>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:							