

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: KENNETH DOI: 17/10/2022 Date / Time : 17/10/2022  
Registered in Merimen: 21/10/2022

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLX 7011D Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :\$\$ \_\_\_\_\_ D.O.A : 13.10.2022 08:30 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**

**SML 6902R**



INSRS:  
WSP: HUI YANG  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SML 6902R -X	Created By (1st):	
SLX 7011D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Non-Reporting Itr (2nd):	
CC3/AIG22010244/Any3 17/10/2022 SLX 7011D 13/10/2022 SSC	Non-Reporting Itr (Final):	
	Notification Itr (if non-pickup):	
	Call OI:	
	After call Itr to OI:	
	<b>Documentation Check List: Handler 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"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/Sum</u> S\$ <u>2,750.00</u> ( <u>3</u> days) Reduction: <u>63</u> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: <u>10/01/2023</u> Confirm with <u>BEL</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>31</u> If NO or B 28, Ass. Lia :		
Repair Cost: <u>w/GST</u> S\$ <u>2,942.50</u>		
Loss of Rental (LOR): S\$ _____ ( _____ days)		
Loss of Use (LOU): S\$ <u>180.00</u> (\$ <u>60</u> x <u>3</u> days)		
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <u>7.45</u>		
Medical: S\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent )	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____	2) Report Format: <u>TP</u>	
	3) Survey fee: <u>\$320.00</u>	
<b>Total:</b> S\$ <u>3,129.95</u> <b>Global Sum S\$:</b> <u>3,100.00</u>		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <u>3,100.00</u> Name 1: <u>Hui Yang Motor Pte Ltd</u>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		