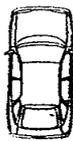


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 28.10.2022
Registered in Merimen: 28.10.2022

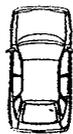
Pre-assign / CCU / FTE



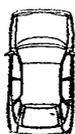
Insured Vehicle No. : SLU 5988P Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 27.10.2022 09:03 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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**

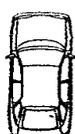
SJM 9222E → → → →



INSRS:
WSP: **MODERN**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
| SJM 9222E - X | | |
| SLU 5988P - Reference | Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date | Close Date Created By |
| CC3/AIG21009439/Avcn2 | 02/11/2021 SLU 5988P 02/09/2021 02/11/2021 F | Wl - Reporting ltr (2nd): |
| CC3/AIG21012690/ra3q2XX | 19/01/2022 SLU 5988P GBG 2760R 11/12/2021 | 19/01/2022 FMK |
| CS3/AIG21009487/Gtf3e2 | 14/09/2021 SLM 1522T SLU 5988P 02/09/2021 14/09/2021 LST1 | Notification ltr (if non-pickup): |
| CS3/AIG21009487/Gtf3e2-1 | 26/10/2021 SLM 1522T SLU 5988P 02/09/2021 27/10/2021 LST1 | Call OI: |
| | After call ltr to OI: | |
| | Documentation Check List: | Handler Typist |
| | Notification ltr (if non-pickup) | <input type="checkbox"/> <input type="checkbox"/> |
| | After call ltr 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"/> |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ | | |
| Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/> | | |
| 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\$ _____ | | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: S\$ _____ (e.g. Tow/ Independent) | | 2) Report Format: |
| Legal Cost S\$ _____ | | 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: _____ | | |