

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: NAZ DOI: 25.10.2022 Date / Time : 25.10.2022  
 Registered in Merimen:         

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBC 3320S Claim No. :           
 Name of Insured :          Policy No. :           
 Insured Tel No. :          HP:          Make / Model :           
**Excess Sec II :S\$**          D.O.A : 23.10.2022 03:10 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**

**SHD 4433S**



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	Created By	DATE / PIC
SHD 4433S	CC3/AIG13008122/M1a2a3y 04/07/2013 SHD 4433S SGY 6949J 30/04/2013 05/07/2013 HMK		
	CC3/QBE18021408/K1gb3q2 15/05/2019 SHD 4433S GBE 7742X 23/11/2018 17/05/2019 LSP		
	CC4/III170221139/T1ea3q2 07/01/2019 SLF 1541A SHD 4433S 11/11/2017 07/01/2019 HMK		
	CS3/III13014481/Rtu2 03/12/2013 SKK 5022R SHD 4433S 07/08/2013 03/12/2013 TKC		
	NBA/AIG13014322/y1 19/08/2013 LIU QING SKK 5022R SHD 4433S 07/08/2013 20/08/2013 YCC		
	NS/INC13002704/H1y1n 25/02/2013 SHD 4433S SKB 4635B 06/02/2013 25/02/2013 YCC		
GBC 3320S	CS/CTI22010148/Kcy3 13/10/2022 SLX 7124L GBC 3320S 07/10/2022 RAP		
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		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"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: <u>        </u> Sent By: <u>        </u>		
<b>FINALIZATION</b>	Date/Time: <u>        </u> Confirm with: <u>        </u> Confirm by: <u>        </u>		
Repair Cost:	S\$ <u>        </u> ( <u>        </u> days) Reduction: <u>        </u> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b>	Date/Time: <u>        </u> Confirm with <u>        </u> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% (Agreed / Assessed) BOLA S/N No. : <u>        </u> If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ <u>        </u>		
Loss of Rental (LOR):	S\$ <u>        </u> ( <u>        </u> days)		
Loss of Use (LOU):	S\$ <u>        </u> (\$ <u>        </u> x <u>        </u> days)		
Loss of Income (LOI):	S\$ <u>        </u> (\$ <u>        </u> x <u>        </u> 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\$ <u>        </u>		
Medical:	S\$ <u>        </u>		
Disbursement:	S\$ <u>        </u> (e.g. Tow/ Independent )	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$ <u>        </u>	2) Report Format: <u>        </u>	
<b>Total:</b>	<b>S\$ <u>        </u> Global Sum S\$:</b>	3) Survey fee: <u>        </u>	
<b>FINAL PAYMENT</b>	Date/Time: <u>        </u> Confirm with: <u>        </u> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ <u>        </u> Name 1: <u>        </u>		
Payee 2: (Strike if N.A.)	S\$ <u>        </u> Name 2: <u>        </u>		
Payee 3: (Strike if N.A.)	S\$ <u>        </u> Name 3: <u>        </u>		