

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 17/11/2022Registered in Merimen: 17/11/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SNB 8968D

Claim No. : _____

Name of Insured : 3S BROTHERS TRADING

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

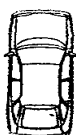
Excess Sec II :\$ _____ D.O.A : 15/11/2022 08:05Place of Accident : PIE TOWARDS CHANGI

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**SNB 9956GINSRS:
WSP: C. S. ONG
Tel : AUTO PTE LTD
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
SNB 9956G -	NBM/ATG22003110/Y 04/04/2022 KELVIN TAN JUN XIANG SNB 9956G SLA 2615R 02/04/2022 08/04/2022 RBA	Non-Reporting ltr (1st):	
SNB 8968D -	NBM/SMO22011489/Y 16/11/2022 KELVIN TAN JUN XIANG SNB 9956G SNB 8968D 16/11/2022 17/11/2022 RBA	Non-Reporting ltr (2nd):	
	NBM/SMO22011489/Y 16/11/2022 KELVIN TAN JUN XIANG SNB 9956G SNB 8968D 16/11/2022 17/11/2022 RBA	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	\$S\$ (_____ days) Reduction: _____ %	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	
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 ☐	Call ☐
Payee 1:	\$S\$	Name 1:	
Payee 2: (Strike if N.A.)	\$S\$	Name 2:	
Payee 3: (Strike if N.A.)	\$S\$	Name 3:	