

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **24.11.2022**Registered in Merimen: **24.11.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKN 4679L**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **23/11/2022 13:05**Place of Accident : **SLIP RD AT BRADDELL FROM CTE TWDS LORNI RD**

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****SLK 3587D**INSRS:
WSP: **FALCON**
Tel : **AIR - TAMPINES**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SLK 3587D - X		STAGE	DATE / PIC
SKN 4679L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CC4/AIG20012618/Aba3q2 10/05/2021 SMK 5278X SKN 4679L 13/11/2020 11/05/2021	File Created By (1st):	
NA/TMI21001045/h4 17/02/2021 TAN ENG HO DERRICK SMU 9479D SKN 4679L 21/01/2021		RMK Reporting ltr (2nd):	
		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:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
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: _____			