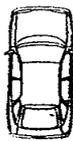


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 28/11/2022
Registered in Merimen: 28/11/2022

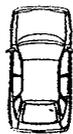
Pre-assign / CCU / FTE



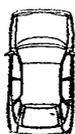
Insured Vehicle No. : SNF 7138T Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$_____ D.O.A : 26/11/2022 16:20 Place of Accident : ROCHOR ROAD TOWARDS BENCOOLEN STREET
Is driver the owner? (YES / NO) Nature of Accident : _____

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**

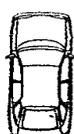
SHB 5924X



INSRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC
SHB 5924X - Reference	CC3/AIG09014416/Zwj	01/09/2009	SHB 5924X SFK 8811U	28/06/2009	31/08/2009	SK	Non-Reporting ltr (1st):	
	NS/INC12019230/R1b2d1	03/11/2012	SHB 5924X SJJ 3860T	29/09/2012	08/11/2012	MRB	Non-Reporting ltr (2nd):	
SNF 7138T - X							Non-Reporting ltr (Final):	
							Notification ltr (if non-pickup):	
							Call OI:	
							After call ltr to OI:	
							Documentation Check List:	Handler
							Notification ltr (if non-pickup)	<input type="checkbox"/>
							After call ltr to OI:	<input type="checkbox"/>
							Authorisation To Act:	<input type="checkbox"/>
							Release Voucher:	<input type="checkbox"/>
							Final Repair Bill:	<input type="checkbox"/>
							Car Rental Invoice:	<input type="checkbox"/>
							Towing Invoice	<input type="checkbox"/>
							LTA / GIA :	<input type="checkbox"/>
							Medical Bill:	<input type="checkbox"/>
							PIR:	<input type="checkbox"/>
							Mandate/Reject Instruction:	<input type="checkbox"/>
							LOD	<input type="checkbox"/>
							Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:						Post-Repair Photos:	<input type="checkbox"/>
							Others:	<input type="checkbox"/>
FINALIZATION	Date/Time:						Confirm by: XGQ	
Repair Cost:	L/S S\$ 650.00	(3 days)	Reduction:	97 %			Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:						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: TP/WP	
Legal Cost	S\$						3) Survey fee: \$450	
Total:	S\$		Global Sum S\$:					
FINAL PAYMENT	Date/Time:						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:					