

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 06/12/2022
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SMH 7714G Claim No. : S2M04FA1
 Name of Insured : CHOW CHENG PENG Policy No. : GA559552
 Insured Tel No. : _____ HP: _____ Make / Model : Toyota Vios
Excess Sec II :S\$ _____ D.O.A : 19/11/2022 14:50 Place of Accident : PIE, Singapore
 Is driver the owner? (YES / NO) Nature of Accident : BETWEEN BALESTIER & TOA PAYOH

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

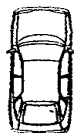
Driver Tel No. :

(V/L: YES / NO)

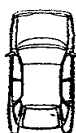
Insured Liability :

%

Final ? Yes / No

GBK 3522J

INSRS: Soon Seng
 WSP: Company
 Tel : (SG) Pte Ltd
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	GBK 3522J - X	SMH 7714G - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-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:			