

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 09/12/2022Registered in Merimen: 09/12/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : ET 1100Z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

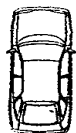
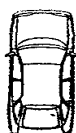
Excess Sec II :S\$ _____ D.O.A : 07/12/2022 12:00Place of Accident : MULTI STOREY CAR PARK AT ST 62

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****SMR 521P**INSRS:
WSP: **PREMIUM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMR 521P - X	ET 1100Z - 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:	☐
			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: _____			