

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 12.12.2022
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 1203T Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ _____ D.O.A : 10/12/2022 10:20 Place of Accident : ALONG TANJONG KATONG ROAD
 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**

SJB 5105U



INSRS: _____
 WSP: **BEST SOLUTION**
 Tel : **AUTOCARE P**
 Liability : **TE LTD**
 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	Stage	Created By	DATE / PIC
SJB 5105U - X	NA/INC17002761/k4 10/02/2017 HUSSEN BIN SANY SJB 5105U SHA 9806H 09/02/2017 14/02/2017 KSG	Non-Reporting Itr (1st):		
	NA/INC19004419/z4 11/03/2019 MUHAMMAD HASRI BIN OSMAN SJB 5105U GBH 5824E 09/03/2019 19/03/2019 HZT	Non-Reporting Itr (2nd):		
GBK 1203T - X	NS/INC17002716/H1qbn2 16/02/2017 SHA 9806H SJB 5105U 09/02/2017 17/02/2017 C	Non-Reporting Itr (Final):		
		Notification Itr (if non-pickup):		
		Call OI:		
		After call Itr to OI:		
		Documentation Check List:	Handler	Typist
		Notification Itr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
		After call Itr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
		LOD	<input type="checkbox"/>	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
		Others:	<input type="checkbox"/>	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____			
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>			
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____ 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\$ _____			
Disbursement:	S\$ _____ (e.g. Tow/ Independent)			1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$ _____			2) Report Format:
Total:	S\$ _____ Global Sum S\$:			3) Survey fee:
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ 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: _____			