

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **03.01.2023**Registered in Merimen: **03.01.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJJ 2769G**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ \$ D.O.A : **02/01/2023 23:41**Place of Accident : **YISHUN AVE 2 JUNCTION YISHUN AVE 1**

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 1076U**INSRS:
WSP: **STRIDES**
Tel :
Liability :
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 Created By	DATE / PIC
SHB 1076U -	CC/AIG09008078/Fz1 14/07/2009 SHB 1076U SGT 6074J 26/02/2009 21/07/2009 JIB CC3/AIG09004474/Zw 11/05/2009 SHB 1076U SGT 6074J 26/02/2009 15/05/2009 SK NJM/INC09020902/T1y1 18/09/2009 SHB 1076U SGD 7241X 13/09/2009 30/09/2009 M NS/INC16012976/K1qbn2 03/08/2016 SHB 1076U SGK 5512R 08/07/2016 03/08/2016 NS/INC21007954/R1qce2 13/08/2021 SHB 1076U SHC 6014K 20/04/2021 16/08/2021 YCC	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): After call ltr to OI: Documentation Check List: Handler Typist
SJJ 2769G -	CS3/III13013075/T1qd1 01/08/2013 SJJ 2769G SKG 7812K 14/07/2013 31/07/2013 CK NJA/INC10006069/R1y1 29/03/2010 STEVEN THANIMALAI S/O DORAISAMY SJJ 2769G	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: _____	