

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 04/01/2023
Registered in Merimen: 04/01/2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 9811K Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ _____ D.O.A : 04/01/2023 10:25 Place of Accident : JUNCTION OF ANCHORVALE 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 5991B



INSRS: STRIDES
WSP: _____
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 5991B -	CS/TIT09000915/Zj 20/01/2009 SHB 5991B 10/01/2009 22/01/2009 SK	Non-Reporting ltr (1st):	
	CS/TIT09020153/T1j 28/09/2009 SHB 5991B 05/09/2009 01/10/2009 MTH	Non-Reporting ltr (2nd):	
	CS/TIT11005926/T1j1 24/06/2011 SHB 5991B 25/03/2011 28/06/2011 MTH	Non-Reporting ltr (Final):	
	NJM/INC10022986/R1y1j1 22/12/2010 SHB 5991B SGS 4674X 14/11/2010 23/12/2010 MRB	Notification ltr (if non-pickup):	
	NS/INC11025315/R1ftm 25/01/2012 SHB 5991B SGK 9708S 08/12/2011 01/02/2012 MRB	Yes OI:	
	NS/INC12013504/R1kd1 02/11/2012 SHB 5991B SJW 5639K 10/07/2012 08/11/2012 MRB	After call ltr to OI:	
	NS/INC15007578/K1vy3d1 21/05/2015 SHB 5991B XD 5073B 03/05/2015 25/05/2015 MRB		
SMJ 9811K - X			
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr 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"/>
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\$ _____		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 <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: _____		