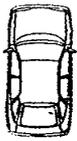


INS. CASE OWNER:

ASSIGNMENT

Surveyor: IRFAN DOI: 16.01.2023 Date / Time : 16.01.2023
 Registered in Merimen: _____

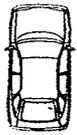
Pre-assign / CCU / FTE



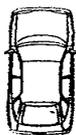
Insured Vehicle No. : SGC 313Z Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 13.01.2023 16:00 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

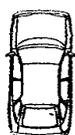
SHA 8158B



INSRS:
WSP: **CDGE**
Tel : **LOYANG**
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	Created By	DATE / PIC
SHA 8158B	CC3/AIG16021515/H1wb3q2 09/01/2017 SHA 8158B GBE 3955A 10/11/2016 10/01/2017 LSP	Non-Reporting ltr (1st):	
	CC3/LCR11013894/K4zb3q2 29/12/2017 SHA 8158B SLG 1156Z 14/07/2017 30/12/2017 LSP	Non-Reporting ltr (2nd):	
	CC4/EC120000572/Hda3q2 17/03/2020 S_IP 2770U SHA 8158B 04/01/2020 19/03/2020 LSP	Non-Reporting ltr (3rd):	
	NA/CTI23000510/d4 16/01/2023 SYED MOHD JAMALUDIN BIN JAFFAR SGC 313Z SHA 8158B 18/01/2023 NVT	Notification ltr (if non-pickup):	
	NS/INC22008252/Tvcm4 04/10/2022 SHA 8158B SJM 4850A 25/08/2022 04/10/2022 PML		
SGC 313Z	CS/GA118013041/k5bn2 17/09/2018 SGC 313Z 15/07/2018 10/09/2018 CKL	After call ltr to OI:	
	NA/CTI23000510/d4 16/01/2023 SYED MOHD JAMALUDIN BIN JAFFAR SGC 313Z SHA 8158B 18/01/2023 NVT		
		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"/>
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: _____		