

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 01.02.2023
 Registered in Merimen: 03.02.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 680S Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 31/12/2022 21:00 Place of Accident : 1 Expo Dr, Singapore 486150
 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**

SNG 3941L



INSRS:
WSP: **CAR TIMES**
Tel : **AUTOLUTION**
Liability : **PTE LTD**
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|--|---|---|
| SNG 3941L - X | | |
| GBD 680S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Acc No. Report Date Close Date Created By NA/III14012592/d2 04/07/2014 CHONG LIM CHEE SKE 9392C GBD 680S 30/05/2014 07/07/2014 NLS | | |
| | 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"/> |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | 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\$ _____ | | |
| Disbursement: S\$ _____ (e.g. Tow/ Independent) | 1) Claim status: Normal/Reject/Private Settle | |
| Legal Cost S\$ _____ | 2) Report Format: | |
| | 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: _____ | | |