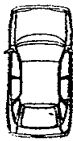


INS. CASE OWNER:

ASSIGNMENT

Surveyor: KENNETH DOI: 03.02.2023 Date / Time : 03.02.2023
Registered in Merimen: 04.02.2023

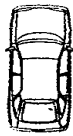
Pre-assign / CCU / FTE



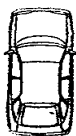
Insured Vehicle No. : SLH 7765X Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 31.01.2023 12:11 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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**

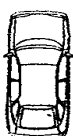
SMK 2598S



INSRS:
WSP: **OPTIMA**
Tel : **WERKZ**
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	
SMK 2598S -	NA/INC1902	1555/z4	06/12/2019	PANG TOW KWANG (FENG DAOGUANG)	SMK 2598S	05/12/2019	09/12/2019	HZT		
SLH 7765X - X										
								Non-Reporting ltr (2nd):		
								Non-Reporting ltr (Final):		
								Notification ltr (if non-pickup):		
								Call OI:		
								After call ltr to OI:		
								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"/>
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\$ _____								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: _____										