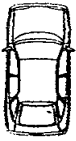


INS. CASE OWNER:

ASSIGNMENT

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

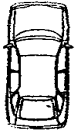
Pre-assign / CCU / FTE



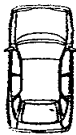
Insured Vehicle No. : SNE 2118P Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 02.02.2023 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

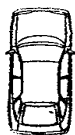
SLS 421B



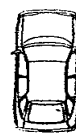
INSRS:
WSP: **RYDER AUTO**
Tel : **PTE LTD**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC
SLS 421B - Reference Entry	CC6/AIG2201123/Apa3	05/12/2022	SLS 421B SJM 434U	03/12/2022	HMK	Non-Reporting ltr (1st):	
	CS/AGI2201238/Ty3	07/12/2022	SMQ 8698R SLS 421B	03/12/2022	NMY	Non-Reporting ltr (Final):	
	NBA/III22012182/Y	06/12/2022	MOHAMMED SIRAJ BIN SAYED ISHAK SMQ 8698R SLS 421B	03/12/2022	RBA	Notification ltr (if non-pickup):	
SNE 2118P - X						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:				