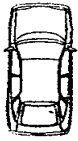


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **14.02.2023**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **XE 7999L** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **13.01.2023 13:30** Place of Accident : **59P Tuas South Ave 1, Singapore 637415**
 Is driver the owner? (YES / NO) Nature of Accident : **Parked in front of customer's gate.**

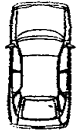
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

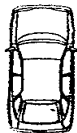
Driver Tel No. :

(V/L: YES / NO)

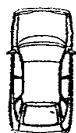
Insured Liability : %

Final ? Yes / No**GBJ 7335L**

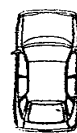
INSRS:
WSP: **Mega Auto**
Tel : **Pte Ltd**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
GBJ 7335L -X				
XE7999L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Account Date Close Date Created By				
CS/MSG18015956/Krd3n2 26/11/2018 SKU 2664E XE 7999L 29/08/2018 26/11/2018 NVT				
CS/MSG19011067/Esd3e2 02/08/2019 SHB 1925U XE 7999L 18/06/2019 02/08/2019 NVT				
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
				Typist
			Notification ltr (if non-pickup)	☐
			After call ltr to OI:	☐
			Authorisation To Act:	☐
			Release Voucher:	☐
			Final Repair Bill:	☐
			Car Rental Invoice:	☐
			Towing Invoice	☐
			LTA / GIA :	☐
			Medical Bill:	☐
			PIR:	☐
			Mandate/Reject Instruction:	☐
			LOD	☐
			Payment Breakdown Form:	☐
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time:		Confirm with:	Confirm by:	
Repair Cost: S\$	(days)	Reduction: %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time:		Confirm with	Email ☐	Call ☐
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 ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[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 ☐	Call ☐
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		