

INS. CASE OWNER:

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **20/02/2023**Date / Time : **20/02/2023**Registered in Merimen: **28/02/2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBH 9904S**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :\$\_\_\_\_\_ D.O.A : **01/02/2023 10:30**

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****SHD 9329C**INSRS:  
WSP: **TRANS-CAB**  
Tel :  
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                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
| <b>SHD 9329C -</b>                                                                                                                                        | CC4/AXA18011296/Uhb3q2 22/03/2019 - SGW 3183G SHD 9329C 02/06/2018 26/03/2019 I SP     |                                                              |                                                   |
| <b>GBH 9904S - X</b>                                                                                                                                      | CS/TP13004666/Kvn 14/03/2013 - SHD 9329C - 20/01/2013 18/03/2013 CMJ                   |                                                              |                                                   |
|                                                                                                                                                           | Non-Reporting ltr (1st):                                                               |                                                              |                                                   |
|                                                                                                                                                           | Non-Reporting ltr (2nd):                                                               |                                                              |                                                   |
|                                                                                                                                                           | Non-Reporting ltr (Final):                                                             |                                                              |                                                   |
|                                                                                                                                                           | Notification ltr (if non-pickup):                                                      |                                                              |                                                   |
|                                                                                                                                                           | Call OI:                                                                               |                                                              |                                                   |
|                                                                                                                                                           | After call ltr to OI:                                                                  |                                                              |                                                   |
|                                                                                                                                                           | <b>Documentation Check List:</b>                                                       | <b>Handler</b>                                               | <b>Typist</b>                                     |
|                                                                                                                                                           | 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"/>                          |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                      | Sent By:                                                                               | Post-Repair Photos:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                           |                                                                                        | Others:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
| <b>FINALIZATION</b> Date/Time:                                                                                                                            | Confirm with:                                                                          | Confirm by:                                                  |                                                   |
| Repair Cost: S\$                                                                                                                                          | ( days) Reduction: %                                                                   | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| <b>FINAL SETTLEMENT</b> 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:                                               |                                                   |
| <b>Total: S\$</b>                                                                                                                                         | <b>Global Sum S\$:</b>                                                                 |                                                              |                                                   |
| <b>FINAL PAYMENT</b> 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:                                                                                |                                                              |                                                   |