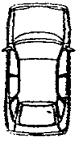


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : 13.03.2023  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

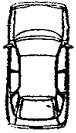
Insured Vehicle No. : GBB 8797Y Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 10.03.2023 22:15 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

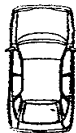
Driver Tel No. :

(V/L: YES / NO )

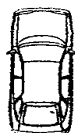
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**GBE 8692A

INSRS:  
WSP: N-51  
Tel : AUTOMOTIVE  
Liability: PTE LTD  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                |               |                                    | STAGE                                                        | DATE / PIC                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|
|                                                                                                                                                           | GBE 8692A - X | GBB 8797Y - X                      | 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>                                               |
|                                                                                                                                                           |               |                                    | Notification ltr (if non-pickup)                             | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | After call ltr to OI:                                        | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Authorisation To Act:                                        | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Release Voucher:                                             | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Final Repair Bill:                                           | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Car Rental Invoice:                                          | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Towing Invoice                                               | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | LTA / GIA :                                                  | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Medical Bill:                                                | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | PIR:                                                         | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Mandate/Reject Instruction:                                  | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | LOD                                                          | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Payment Breakdown Form:                                      | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                 | Date/Time:    | Sent By:                           | Post-Repair Photos:                                          | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Others:                                                      | <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:</b>                                                                                                                                             | <b>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:                            |                                                              |                                                              |