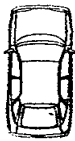


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : **14.03.2023**Registered in Merimen: **14.03.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJY 2953L**

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **08/03/2023 06:40**

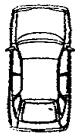
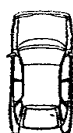
Place of Accident : \_\_\_\_\_

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****SMR 4881Z**INSRS:  
WSP: **C & C**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                |                      |                                    |                                                 |                                |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------|-------------------------------------------------|--------------------------------|-------------------------------|
|                                                                                                                                           | <b>SMR 4881Z - X</b> | <b>SJY 2953L - X</b>               | <b>STAGE</b>                                    | <b>DATE / PIC</b>              |                               |
|                                                                                                                                           |                      |                                    | 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: Handler 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:</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:                            |                                                 |                                |                               |