

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 20.03.2023Registered in Merimen: 20.03.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SMW 51C

Claim No. : _____

Name of Insured : TOH ZHI HONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 07/03/2023 12:40Place of Accident : ALONG WEST COAST ROAD FILTERING TO CLEMENTI ROAD

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 9797JINSRS:
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 | SPG Created By | DATE / PIC |
|---|---|-----------------------------------|-------------------------------|
| SHD 9797J - | CC4/ASM19007395/Agb3q2 12/09/2019 SJY 3921Y SHD 9797J 24/04/2019 16/09/2019 L SP | | |
| CS3/AXA18003746/T1sd3e2-1 04/09/2019 SJK 2695E SHD 9797J 16/02/2018 11/09/2019 NY | | | |
| CS3/AXA18003746/Wbe2 18/04/2018 SJK 2695E SHD 9797J 16/02/2018 18/04/2018 LS | | | |
| SMW 51C - 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: | |
| | | Documentation Check List: | |
| | | 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"/> |
| | | Post-Repair Photos: | <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent By: _____ | | |
| 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. : _____ | | |
| 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\$ _____ | | | |
| Disbursement: S\$ _____ | (e.g. Tow/ Independent) | | |
| Legal Cost S\$ _____ | | | |
| 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: _____ | | |

 1) Claim status: Normal/Reject/Private Settle
 2) Report Format:
 3) Survey fee: