

INS. CASE OWNER:

**ASSIGNMENT**Surveyor: **MARCUS**DOI: **24.03.2023**Date / Time : **24.03.2023**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBJ 9421H**

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

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

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

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : **23/03/2023**

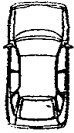
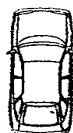
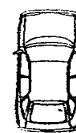
Place of Accident : \_\_\_\_\_

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****SKW 8543X**INSRS:  
WSP: **FASTECH**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                |                                                       | STAGE                                                        | DATE / PIC                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                           | <b>GBJ 9421H - X</b>                                  | Non-Reporting ltr (1st):                                     |                                                   |
|                                                                                                                                                           | <b>SKW 8543X - CS/FCI16014543/Ugh3q2 ; 29.07.2016</b> | 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:</b>                                                                                                                                             | <b>S\$ _____ 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: _____                               |                                                              |                                                   |