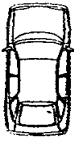


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **01.04.2023**Registered in Merimen: **03.04.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKQ 3595K**

Claim No. : _____

Name of Insured : **BABY SIM**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

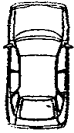
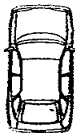
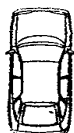
Excess Sec II :S\$ _____ **D.O.A : 30.03.2023 19:00**Place of Accident : **OUTSIDE BEAUTY WORLD SHOPPING CENTRE**

Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age : **TAN WEE WANG**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SLH 1678D**INSRS:
WSP: **Automotive
Repair Centre
Pte Ltd**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLH 1678D - X		SKQ 3595K - X	STAGE	DATE / PIC
				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:	Handler Typist
				Notification ltr (if non-pickup)	☐ ☐
				After call ltr to OI:	☐ ☐
				Authorisation To Act:	☐ ☐
				Release Voucher:	☐ ☐
				Final Repair Bill:	☐ ☐
				Car Rental Invoice:	☐ ☐
				Towing Invoice	☐ ☐
				LTA / GIA :	☐ ☐
				Medical Bill:	☐ ☐
				PIR:	☐ ☐
				Mandate/Reject Instruction:	☐ ☐
				LOD	☐ ☐
				Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	☐ ☐
				Others:	☐ ☐
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$	(days)	Reduction: %	Email	☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with		Email	☐ Call ☐
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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐			[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:	
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email	☐ Call ☐
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			