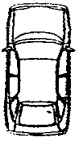


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **03.04.2023**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

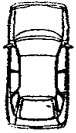
Insured Vehicle No. : **YM 7773S** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **30/03/2023 12:48** Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

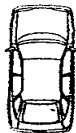
Driver Tel No. :

(V/L: YES / NO)

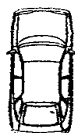
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SLL 1916X**

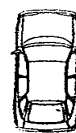
INSRS:
WSP: **Kah Motor**
Tel :
Liability :
RMKS:



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 | Created By | DATE / PIC |
|---|---|---|--------------------------|
| SLL 1916X - | NA/LPC23003396/d4 31/03/2023 LI JINGTAO YM 7773S SLL 1916X 30/03/2023 NVT | Non-Reporting ltr (1st): | |
| YM 7773S - | NA/LPC23003396/d4 31/03/2023 LI JINGTAO YM 7773S SLL 1916X 30/03/2023 NVT | 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) | <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. : _____ 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: | |
| 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: _____ | | |