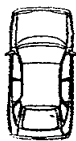


INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **30/03/2023**Date / Time : **30/03/2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBK 1033S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **29.03.2023 13:58**

Place of Accident : _____

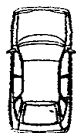
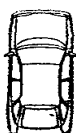
Is driver the owner? (YES / NO) Nature of Accident : _____

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****GBD 2327A**INSRS:
WSP: **SM**
Tel : **AUTOMOTIVE**
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	State Created By DATE / PIC
GBD 2327A -	NA/CTI23003307/d4 30/03/2023 GOH AH KIANG GBK 1033S GBD 2327A 29/03/2023 30/03/2023 NVT	Non-Reporting ltr (1st):
GBK 1033S -	NA/CTI22007647/r3 11/08/2022 GOH AH KIANG GBK 1033S GBL 6287M 10/08/2022 17/08/2022 RBW	Non-Reporting ltr (2nd):
	NA/CTI23003307/d4 30/03/2023 GOH AH KIANG GBK 1033S GBD 2327A 29/03/2023 30/03/2023 NVT	Non-Reporting ltr (3rd):
		Call OI:
		After call ltr to OI:
		Documentation Check List:
		Notification ltr (if non-pickup) ☐ Handler ☐ Typist ☐
		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: ☐
		Post-Repair Photos: ☐
		Others: ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	
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: _____	