

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: MARCUS DOI: 18.04.2023 Date / Time : 18.04.2023  
 Registered in Merimen: 18.04.2023

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBM 2844B Claim No. : \_\_\_\_\_  
 Name of Insured : AUTOBAHN RENT A CAR PTE LTD Policy No. : SP2001805754  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 15.04.2023 09:00 Place of Accident : SLIP ROAD FROM JALAN EUNOS TOWARDS SIMS AVE EXIT  
 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**

**SGE 7272B**



INSRS:  
WSP: JIN AUTO  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
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Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
<b>GBM 2844B -X</b>		
<b>SGE 7272B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By</b>		
CC4/LPC22004583/Uea3q2 11/10/2022	SGE 7272B GBC 5490X 16/05/2022	HMK
CS/CT121013015/Uty3e2 18/03/2022	SGE 7272B 21/12/2021 18/03/2022	NMY
CS/CT121013138/Uty3n2 28/01/2022	SLV 2793Z SGE 7272B 21/12/2021 16/02/2022	NMY
CS/CT122004729/Bvy3q2 09/02/2023	GBC 5490X SGE 7272B 16/02/2022 10/02/2023	TKC1
CS/FC123001534/Uny3m4 22/03/2023	SGE 7272B SBS 3510B 10/02/2023 23/03/2023	NMY
NA/LPC22004741/m4 20/05/2022	TAN GHEE KOK GBC 5490X SGE 7272B 16/05/2022 23/05/2022	SML
	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"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<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: 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: _____		