

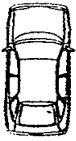
INS. CASE OWNER:

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 05.05.2023Registered in Merimen: 09.05.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SNF 2183U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : 03.05.2023 10:40

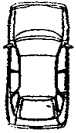
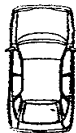
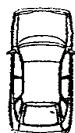
Place of Accident : _____

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**SJJ 914SINSRS:
WSP: HWA SENG
Tel : SPRAY PAINTING
Liability : PTE LTD
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	STAGE	DATE / PIC
SJJ 914S -	CC6/AIG15001008/M1ha3c2	04/11/2015	SJJ 914S	SKB 5872B	15/01/2015	06/11/2015	KYS	Non-Reporting ltr (1st):	
SNF 2183U - X	NA/AIG15000942/42	16/01/2015	SOH GEOK TIONG	SJJ 914S	SKB 5872B	15/01/2015	19/01/2015	Non-Reporting ltr (2nd):	
								Non-Reporting ltr (Final):	
								Notification ltr (if non-pickup):	
								Call OI:	
								After call ltr to OI:	
								Documentation Check List:	
								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:							