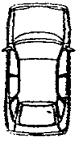


INS. CASE OWNER:

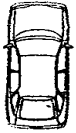
ASSIGNMENT

Surveyor: **MARCUS** DOI: _____ Date / Time : **10.05.2023**
Registered in Merimen: _____

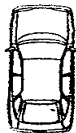
Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 7719D** Claim No. : **S3M04LKJ**
Name of Insured : _____ Policy No. : **P2478220**
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ D.O.A : **12/04/2023 10:45** Place of Accident : **Serangoon North Ave 6, Singapore**
Is driver the owner? (YES / NO) Nature of Accident : _____

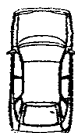
If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

NCQ 8615

INSRS: **EROFIA**
WSP: **MOTOR**
Tel : **TRADING**
Liability : **PTE LTD**
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
NCQ 8615 - X				
SHC 7719D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Reported By			Data Reported By (1st):	
CS/FCI17008253/Sqh3n2 26/05/2017 SKD 2802M SHC 7719D 21/04/2017 26/05/2017 SCY			Non-Reporting ltr (2nd):	
CS/TM122009781/Tvy3q2 28/12/2022 SHC 7719D SKK 9198R 03/10/2022 29/12/2022 KMY			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: _____				