

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: KENNETH DOI: \_\_\_\_\_ Date / Time : 26.06.2023  
 Registered in Merimen: 26.06.2023

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SNJ 7726A Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II : S\$** \_\_\_\_\_ D.O.A : 24.06.2023 14:50 Place of Accident : 429 Pasir Ris Drive 6, Block 429, Singapore 510429  
 Is driver the owner? ( YES / NO ) Nature of Accident : BLK 429 PASIR RIS DRIVE 6 OSCP

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**

**SHF 105E**



INSRS:  
WSP: **STRIDES**  
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
SHF 105E -	CC3/AIG15016925/R1yg3n2	13/11/2015	SHF 105E S/N	5716T	05/10/2015	16/11/2015	SH1		Non-Reporting Itr (1st):	
	CC3/CTI22008926/Gpa3q2	19/06/2023	SHF 105E GBL	5398H	10/09/2022	19/06/2023	HK		Non-Reporting Itr (2nd):	
	CS/EGI17010311/K1gh3e2	20/06/2017	SHF 105E YL	9073X	27/05/2017	21/06/2017	CC		Non-Reporting Itr (3rd):	
	NA/CTI22009130/S	16/09/2022	YONG YING RENOVATION PTE LTD	GBL 5398H	SHF 105E	16/09/2022	SMI		Notification Itr (if non-pickup):	
SNJ 7726A - X									Call OI:	
									After call Itr to OI:	
									<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
									Notification Itr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
									After call Itr to OI:	<input type="checkbox"/> <input type="checkbox"/>
									Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
									Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
									Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
									Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
									Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
									LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
									Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
									PIR:	<input type="checkbox"/> <input type="checkbox"/>
									Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
									LOD	<input type="checkbox"/> <input type="checkbox"/>
									Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:		Sent By:						Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
									Others:	<input type="checkbox"/> <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:</b>	<b>S\$</b>		<b>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:							