

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **26.06.2023**
 Registered in Merimen: _____

Pre-assign / CCU / FTE



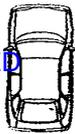
Insured Vehicle No. : **GBK 668S** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ D.O.A : **23.06.2023** Place of Accident : **BENOI ROAD**
 Is driver the owner? (YES / NO) Nature of Accident : _____

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 4357A



INSRS: _____
 WSP: **CARSMITH PRIVATE LIMITED**
 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
	CC4/AIG17005225/Afb3q2 22/01/2019 GBD 4357A GBC 8503Z 14/03/2017 24/01/2019 LSP		
	NA/INC17005159/h4 15/03/2017 WEE KOK LUM GBD 4357A GBC 8503Z 14/03/2017 20/03/2017 LSH		
	GBK 668S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		
	CC4/LPC21013188/Kpa3q2 24/05/2022 SHD 9696S GBK 668S 27/12/2021 31/05/2022 LSL		
	NA/LPC21013233/r3 28/12/2021 QI LEI GBK 668S SHD 9696S 27/12/2021 30/12/2021 RBV		
		Documentation Check List:	
		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"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT	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\$ _____		
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$ _____		2) Report Format:
Total:	S\$ _____ Global Sum S\$:		3) Survey fee:
FINAL PAYMENT	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: _____		