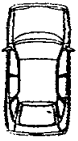


INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **26.06.2023**Date / Time : **26.06.2023**Registered in Merimen: **30.06.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMR 816P**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **20.06.2023 19:00**

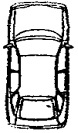
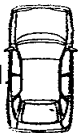
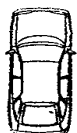
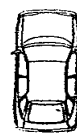
Place of Accident : _____

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****SNB 9188G**INSRS:
WSP: **HD Perfect**
Tel : **Autowork Pte Ltd**
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
SNB 9188G -	CS/EG123003195/Avy3 28/03/2023 - SNB 9188G SBV 808Y 25/03/2023 - NMY	Non-Reporting ltr (1st):	
	NA/CTI23002162/d4 28/02/2023 IU BING YUAN SNB 9188G SNE 6700G 28/02/2023 01/03/2023 NVT	Non-Reporting ltr (2nd):	
	NA/CTI23003165/d4 28/03/2023 IU BING YUAN SNB 9188G SBV 808Y 25/03/2023 28/03/2023 NVT	Non-Reporting ltr (Final):	
SMR 816P-	NA/CTI23006306/d4 21/06/2023 IU BING YUAN SNB 9188G SMR 816P 20/06/2023 22/06/2023 NVT	Non-Reporting ltr (if non-pickup):	
	NA/CTI23006306/d4 21/06/2023 IU BING YUAN SNB 9188G SMR 816P 20/06/2023 22/06/2023 NVT	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:	☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
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: _____		