

INS. CASE OWNER:

too CHH YAN

CC

4/116 180

17/80

ha3

LKK:

IDAC:

## ASSIGNMENT

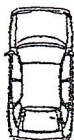
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

STU 5157K

Name of Insured:

Claim No.:

873259652986

Insured Tel No.:

HP:

Policy No.:

Excess Sec II :S\$

D.O.A:

16/9/2018

Make / Model:

Place of Accident:

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

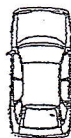
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

X05672Y



INSRS:

WSP:

Tel:

Liability:

RMKS:

Chung Hoi



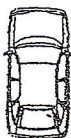
INSRS:

WSP:

Tel:

Liability:

RMKS:



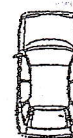
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date/ Time        |                                                       | STAGE                                    | DATE / PIC     |
|-------------------|-------------------------------------------------------|------------------------------------------|----------------|
| 10/10             | X05672Y, X;                                           | Non-Reporting ltr (1st):                 |                |
| 10/10             | STU 5157K - call 016 1500 1941 / Tel 4307; DOA: 10/10 | Non-Reporting ltr (2nd):                 |                |
| 15/10/10 @ 5PM    | call 016. OVERHEARD TONG. FIVE ROUNDED.               | Non-Reporting ltr (Final):               |                |
| 18/10/10 @ 4:30PM | OLD EXTING FROM MINOR ROAD.                           | Notification ltr (if non-pickup):        |                |
|                   | call 016. NO RESPONSE. SEND LETTER TO                 | Call OI:                                 |                |
|                   | OI TO NOTIFY TP CENH IN NCD 1000RS.                   | After call ltr to OI:                    | 18/10/10 - oic |
|                   | EMAIL CANCELLATION CLERK.                             | Documentation Check List: Handler Typist |                |
| 20/10/2010        | TP INFORTUNITY. NO SURVEY DONE.                       | Notification ltr (if non-pickup)         |                |
|                   | TO CANCEL CASE.                                       | After call ltr to OI:                    |                |
|                   | EMAIL TO H16 TO CANCEL CASE                           | 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: | % | 100 (Agreed / Assessed) BOLA S/N No.: | 9 | If NO or B 28, Ass. Lia: |
|------------------|---|---------------------------------------|---|--------------------------|

|              |     |   |                      |
|--------------|-----|---|----------------------|
| Repair Cost: | S\$ | - | COID FROM MINOR ROAD |
|--------------|-----|---|----------------------|

|                       |     |         |  |
|-----------------------|-----|---------|--|
| 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\$ | - |  |
|----------|-----|---|--|

|               |     |                         |  |
|---------------|-----|-------------------------|--|
| Disbursement: | S\$ | (e.g. Tow/ Independent) |  |
|---------------|-----|-------------------------|--|

|            |     |   |  |
|------------|-----|---|--|
| Legal Cost | S\$ | - |  |
|------------|-----|---|--|

|        |     |   |                 |
|--------|-----|---|-----------------|
| 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: | - |
|---------------------------|-----|---|---------|---|