

INSURANCE CASE OWNER:

cc 6, CTI 190 11675, Aka3

LKK:  
IDAC:

Surveyor:

Ump

ASSIGNMENT

DQI:

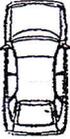
11/7/19

Date / Time:

11/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

STF 441 K

Name of Insured:

Mr. Sarbjit Singh S/O WIPAM SINGH

Insured Tel No.:

HP:

Claim No.:

Policy No.:

Make / Model:

Excess Sec II :SS

D.O.A:

2/6/19

Place of Accident:

LORNIIE Hwy > PIE

Is driver the owner? (YES/NO)

(NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

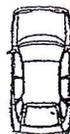
(V/L YES/NO)

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

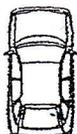
Insured Liability: %

Final ? Yes / No

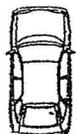
SLV 3146K



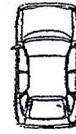
INSRS:  
WSP: Xim Hua  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date / Time

SLV 3146K - X;  
STF 441K - M/M/19323/164 ; WSP: 2/10/19  
To request TP video.  
FOI making 3rd party claim.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	18/11/19 e-mail only
Documentation Check List: Handler Typist	
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: PIP S\$ 5605.40 ( 5. days) Reduction: 12,974.35 % 70. Email  Call

FINAL SETTLEMENT Date/Time: 13/11/2021. Confirm with: Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 15 If NO or B 28. Ass. Lia:

Repair Cost: S\$ 5605.40

Loss of Rental (LOR): S\$ 749.00 ( 7 days) x \$107 (WIGST).

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\$ 7.45.

Medical: S\$

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

Legal Cost S\$

Total: S\$ 6,361.85. Global Sum S\$:

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payec 1: S\$ 6,361.85. Name 1: Xim Hua workshop Pte Ltd

Payec 2: (Strike if N.A.) S\$ Name 2:

Payec 3: (Strike if N.A.) S\$ Name 3: