15/5/2010

INS. CASE OWNER: Norsiah

CC3/AIG20005974/Kba3

LKK:

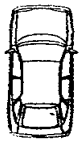
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 27/05/2020 Date / Time : 27/05/2020

Registered in Merimen: 27/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 5528K

Name of Insured : TOH LAY HAR

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 25/05/2020

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : 4247804940SG

Policy No. : 1900232175

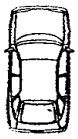
Make / Model : TOYOTA CAMRY

Place of Accident : CHAI CHEE ROAD TWDS NEW UPP CHANGI RD

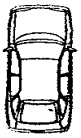
OI GIA REPORT: YES / NO ; TP GIA REPORT YES / NO

Insured Liability : % **Final ? Yes / No**

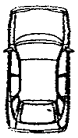
SHC 5542J → → →



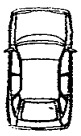
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5542J - CS/FCI19005517/Kqd3n2 ; 23/03/2019
	CC3/EQI18012435/Kea3s2 ; 05/07/2018
	CC3/AIG08006932/VDn ; 25/01/2008
	SKW 5528K - X

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:	

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:		