15/5/2010

INS. CASE OWNER:

CC3/CTI20006169/T1ea3

LKK:

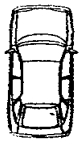
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 08/06/2020 Date / Time : 08/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 2956C Claim No. : SNM20D202067

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

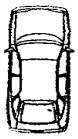
Excess Sec II :S$ D.O.A : 05/06/2020 Place of Accident :

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

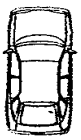
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

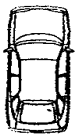
SH 6091E → → →



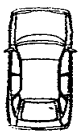
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SH 6091E - CC3/AIG14007139/H1wa3n2 ; 05/04/2014	**STAGE** **DATE / PIC**
	CC3/LCR17004774/H1zb3q2 ; 07/03/2017	Non-Reporting ltr (1st):
	CC3/TMI17001277/H1th3n2 ; 16/01/2017	Non-Reporting ltr (2nd):
	CS/FCI16022671/M1tbm2 ; 24/11/2016	Non-Reporting ltr (Final):
	CS/III16022569/M1gh3n2 ; 24/11/2016	Notification ltr (if non-pickup):
	NS/INC10000240/Fr1 ; 04/01/2010	Call OI:
	GBJ 2956C - X	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: MTH

Repair Cost: P/P S$ 2,312.00 (4 days) Reduction: 51 % 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: TP/WP
Legal Cost	S$		3) Survey fee: $350
Total:	**S$**	**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:	