15/5/2010

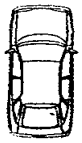
INS. CASE OWNER: Goh, Jeremy | CC4/AIG20006345/Gka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 11/06/2020 Date / Time : 05.06.2020

Registered in Merimen: 05.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SCF 1808M Claim No. : 3634621691SG

Name of Insured : SHIE CHIN PENG Policy No. : 2100470664

Insured Tel No. : HP: Make / Model : TOYOTA CAMRY-2.5 (A)

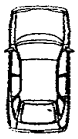
Excess Sec II :S$ D.O.A : 04/06/2020 07:10 Place of Accident : UPPER CHANGI ROAD TOWARDS PIE

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

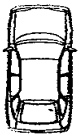
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

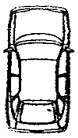
GBD 370L → SCF 1808M → SKE 7295M →



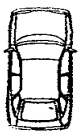
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: Kian Teong Auto Centre
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKE 7295M - NA/AIG14014183/d2 ; 26.07.2014	**STAGE** **DATE / PIC**
	SCF 1808M - CC3/AIG10010743/Fn1f2p2 ; 31/05/2010	Non-Reporting ltr (1st):
	CC6/AIG10000102/T1n1q1q2 ; 09/12/2009	Non-Reporting ltr (2nd):
	CS/AIG12022254/Uqn ; 12/11/2012	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

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:	