15/5/2010

INS. CASE OWNER:

CC3/CTI20006673/T1es3

LKK:

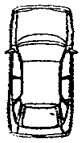
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 23/06/2020 Date / Time : 25/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKN 4161M Claim No. :

Name of Insured : Lim Hon Chee Policy No. :

Insured Tel No. : HP: Make / Model :

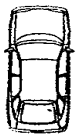
Excess Sec II :S$ D.O.A : 22/06/2020 Place of Accident : MARYMOUNT ROAD TWDS AMK

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

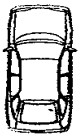
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

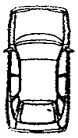
SHC 1094L → → →



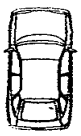
INSRS:
WSP: CDGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 1094L - CC4/III18023194/Deb3s2 ; 23/12/2018 CC4/III19011322/Kwb3q2 ; 06/06/2019 CC4/III19013666/R1ga3q2 ; 26/07/2019 CC6/III15019668/M1wb3s2 ; 17/11/2015 CS/III13023867/Kqm3k3 ; 12/12/2013 CS/TMI13023612/H1gbd1 ; 12/12/2013 CS3/III16021317/Aug3s2 ; 02/11/2016 NA/AVI09001996/e1 ; 28/01/2009 NS/INC12012440/H1fr2 ; 24/06/2012	**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:
	SKN 4161M - X	**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:	