15/5/2010

INS. CASE OWNER:

CC3/AIG20006815/T1ds3

LKK:

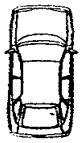
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 29/06/2020 Date / Time : 30/06/2020

Registered in Merimen: 30/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 4130G Claim No. :

Name of Insured : MS LOW CHENG KHEM Policy No. :

Insured Tel No. : HP: Make / Model :

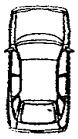
Excess Sec II :S$ D.O.A : 28/06/2020 Place of Accident :

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

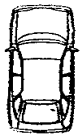
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

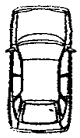
SHC 780X → → →



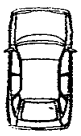
INSRS:
WSP: CDGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 780X - CS/FCI14018473/Dtbu2 ; 26/09/2014	**STAGE** **DATE / PIC**
	CS/FCI16013862/Kvbd1 ; 23/07/2016	Non-Reporting ltr (1st):
	CS/FCI16013990/R1qh3q2 ; 23/07/2016	Non-Reporting ltr (2nd):
	CS/FCI18004928/Kqbn2 ; 13/03/2018	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	SMD 4130G - CC3/AIG19011802/R1db3q2 ; 03/07/2019	Call OI:
		After call ltr to OI:
24/07/2020	✓ REC'D OI GIA REPORT	**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:	