15/5/2010

INS. CASE OWNER:

CC3/FCI20007084/Kdv3

LKK:

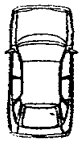
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 07/07/2020 Date / Time : 07/07/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8810B Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

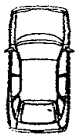
Excess Sec II :S$ D.O.A : 05/07/2020 Place of Accident :

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

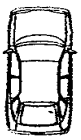
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

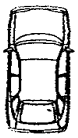
SHB 9800T → → →



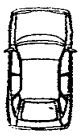
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 9800T - CC3/AIG09019180/Dn1q1 ; 27/08/2009	**STAGE** **DATE / PIC**
	CC3/AIG09026208/Dwj ; 18/11/2009	Non-Reporting ltr (1st):
	CC3/AIG11010857/Ka2r1q2 ; 03/06/2011	Non-Reporting ltr (2nd):
	CC3/AIG12000160/Ka2r1q2 ; 29/12/2011	Non-Reporting ltr (Final):
	CC3/AIG13022042/Ksa3q2 ; 19/11/2013	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
	SHA 8810B - CC4/FCI19022523/T1ka3q2 10/12/2019	**Documentation Check List: Handler Typist**
	CS/FCI20002256/Etf3e2 07/02/2020	Notification ltr (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:	