

INS. CASE OWNER:

CC4/AIG20007727/ka3

LKK:

IDAC:

ASSIGNMENT

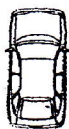
Surveyor:

DOI:

Date / Time : 27/07/2020

Registered in Merimen: 27/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJD 277D

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 24/07/2020 10:40

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. :

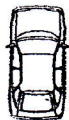
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHD 1379K



INSRS:

WSP: PREMIER

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	SHD 1379K - CC3/CTI19016044/K1ds3n2 ; 05.09.2019	
	SJD 277D - X	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	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:	
	Post-Repair Photos:	
	Others:	
14/01/2021	REJECTION EMAIL SEND TP ON 08/12/2020. TP driver attempted to overtake OIV and stop beside OIV whom was already reversing to park in a one way lane. TPD should have given way to OI whom was already in the midst of reversing as it is a one way lane. Mr yew to chop + sign	

Reject Case

By (staff) : 14/01/21

Approved by : *[Signature]*

Date : Cecilia

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: P/P	S\$ 930.00	(2 days) Reduction: 390.00	% 30
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. :	
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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	