15/5/2010

INS. CASE OWNER:

CC6/AIG20009320/ka3

LKK:

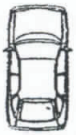
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 02.09.2020

Registered in Merimen: 02.09.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMS 6253T

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 28/08/2020 12:55

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

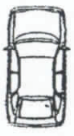
Place of Accident : _____

Nature of Accident : _____

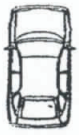
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SH 3189C → _____ → _____ → _____



INSRS:
WSP: TAN LIM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SH 3189C - CC3/FCI14002722/Kgbk3 ; 23/11/2013 CC6/AIG10015827/Dn1f2k2 ; 06/08/2010 CC6/AIG11001788/Gq1f2q2 ; 19/01/2011 CS/LPC13010308/R1vu2 ; 07/06/2013 NA/FCI08030937/r ; 21/11/2008 NA/INC08017235/s1 ; 12/06/2008 NA/INC10014696/s1 ; 25/07/2010	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	SMS 6253T - X	**Documentation Check List:**	**Handler** / **Typist**
		Notification ltr (if non-pickup)	
9/11/2020 KHANCHNA	REJECT CLAIM . SURVEY DONE.	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:	

Reject Case
By (staff) :
Approved by : [illegible]
Date : 10/11/20

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S S$ 600	(2 days) Reduction: 1,289.10/68%		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOL No. :		If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ days)		
Loss of Use (LOU):	S$ ($ d		
Loss of Income (LOI):	S$ ($ x s)		
LOR only ☐ LOU only ☐ LOR + LOU ☐	[illegible] ☐ [Tick only one]		
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: ~~Normal~~/Reject/~~Private Settle~~
Disbursement:	S$ (e.g. / Independent)		2) Report Format:
Legal Cost	S$		3) Survey fee: $320
Total:	**S$**	**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:	