

INS. CASE OWNER:

CC3/AIG20009627/Qka3

IDAC:

ASSIGNMENT

Surveyor:

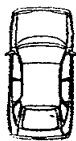
OI SUN PIN

DOI: 03/09/2020

Date / Time : 03/09/2020

Registered in Merimen: 08/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SCG 1199G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 03/09/2020 07:25

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. :

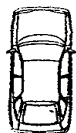
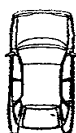
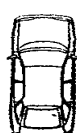
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHF 125Y

INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHF 125Y - CC3/CAI14015942/K1ke3w2 ; 18/08/2014	STAGE
	NS/INC15022344/K1gbn2 ; 28/12/2015	DATE / PIC
	SCG 1199G - 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:
PRELIMINARY ADVICE	Date/Time:	Sent By:
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. :
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:
		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: