15/5/2010

INS. CASE OWNER:

CC3/CTI20010916/Kda3

LKK:

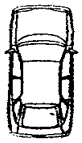
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 07/10/2020 Date / Time : 07/10/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : PA 8513P Claim No. :

Name of Insured : CARE EXPRESS SERVICES Policy No. : DMB1SNW0008242000

Insured Tel No. : HP: Make / Model : TOYOTA HIACE-3.0 COMMUTER GL (A)

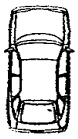
Excess Sec II :S$ D.O.A : 06/10/2020 11:35 Place of Accident : SIMPANG BEDOK CARPARK

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

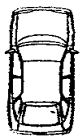
If **NO**, Driver Name / Age : AYANG ALIAHNA BINTE MANSOOR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-88894435 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

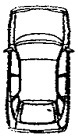
SHC 5601Y → → →



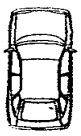
INSRS:
WSP: TRANS-CAB
Tel : AUTO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 5601Y - CC3/AIG12016688/Kk1t2y ; 19/08/2012	**STAGE** **DATE / PIC**
	CC3/AIG13009429/Kk1a3y ; 20/05/2013	Non-Reporting ltr (1st):
	CC3/AIG19014270/Kbb3 ; 10/08/2019	Non-Reporting ltr (2nd):
	CC3/III17003768/Kza3q2 ; 17/02/2017	Non-Reporting ltr (Final):
	CC3/III17020566/Kua3q2 ; 22/10/2017	Notification ltr (if non-pickup):
	CC4/AXA18005454/R1wa3q2 ; 17/03/2018	Call OI:
	NA/INC13002762/r3 ; 08/02/2013	After call ltr to OI:
	PA 8513P - NBA/CTI20010814/Y ; 06/10/2020	**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:	