15/5/2010

INS. CASE OWNER: CC3/CTI20011476/Qra3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 21/10/2020 Date / Time : 21/10/2020

Pre-assign / CCU / FTE Registered in Merimen:

Insured Vehicle No. : SKU 8308U

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 20/10/2020 07:40

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

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

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

Claim No. :

Policy No. :

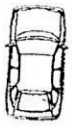
Make / Model :

Place of Accident : CCK WAY

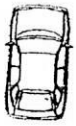
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHB 5918P →

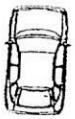


INSRS:
WSP: SMRT ,WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 5918P - CC3/AIG12015291/R1st2q2 ; 06/08/2012 CC3/AIG17015894/R1db3q2-1 ; 13/08/2017 CC3/AIG17015894/R1yb3q2 ; 13/08/2017 CS/TIT10003061/T1k1r1 ; 05/02/2010 CS/TIT10009082/R1y1 ; 10/05/2010 CS1/FGI15016542/Dvb ; 20/12/2014 NA/INC16017803/r3 ; 21/09/2016 NS/INC11007471/R1vs2 ; 20/04/2011 NS/INC13015981/R1qc3 ; 25/08/2013
	SKU 8308U - X
18/02/2021	PLEASE REFER TO VIEWS FOR DETAILS
	* SUBMIT WP AS PER CTI INSTRUCTION
	By (Staff): Jazlin Approved by: Yin Date: 18/02/21

STAGE	DATE / PIC
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:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 2,061.87 (4 days) Reduction: 73 % 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$	
Disbursement:	S$ (e.g. Tow/ Independent)	1) Claim status: ~~Normal/Reject/Private Scale~~ WP
Legal Cost	S$	2) Report Format: TP
Total:	**S$** **Global Sum S$:**	3) Survey fee: 350.00

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:	