

INS. CASE OWNER:

CC6/CTI20013290/cs3

IDAC:

ASSIGNMENT

Surveyor:

BRYAN

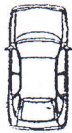
DOI:

16/12/2020

Date / Time : 03/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 6468S

Claim No. : SNM20D204830

Name of Insured : WONG ENG ENG IRENE

Policy No. : DMPCSNW00158412000

Insured Tel No. : HP: —

Make / Model : —

Excess Sec II :S\$ D.O.A : 01/12/2020

Place of Accident : —

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

If NO, Driver Name / Age :

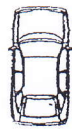
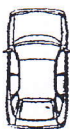
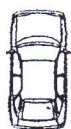
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

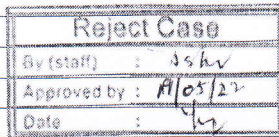
(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SHC 3693U

INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 3693U : CC3/III19019533/Kgs3q2 ; DOA : 01/11/2019	Non-Reporting ltr (1st):	
SJP 6468S : NA/CTI20014005/h4 ; DOA : 01/12/2020	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: ABT

Repair Cost: L/S S\$ 18,800.00 (8 days) Reduction: 36 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18.05.22 Confirm with

Email ☐ Call ☐

Final Liability: % 0 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: S\$ MCYCLE BEATS

RED LIGHT HIT WITH VEH C AND TP

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\$

1) Claim status: Normal/Reject/Private Settlement

2) Report Format: TP/VP

3) Survey fee: \$400

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: