15/5/2010

INS. CASE OWNER:

CC3/QBE21000748/T1ra3

LKK:

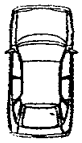
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 06/01/2021 Date / Time : 06/01/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 2007T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

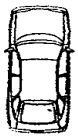
Excess Sec II :S$ D.O.A : 04/01/2021 18:55 Place of Accident :

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

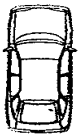
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

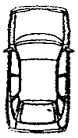
SH 7567T → → →



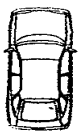
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SH 7567T - CC3/CTI17005461/H1ub3n2 ; 15/03/2017	Non-Reporting ltr (1st):	
	CC3/QBE17023902/K1ub3n2 ; 14/12/2017	Non-Reporting ltr (2nd):	
	CS/FCI16020398/H1tbm2 ; 24/10/2016	Non-Reporting ltr (Final):	
	CS3/FCI14017858/Wqbu2-1 ; 16/09/2014	Notification ltr (if non-pickup):	
	CS3/FCI14017858/Wqm3d1 ; 16/09/2014	Call OI:	
	NA/CTI17005302/k4 ; 15/03/2017	After call ltr to OI:	
	NS/INC15010045/H1vbq2 ; 14/06/2015	**Documentation Check List:**	**Handler** **Typist**
	NS/INC20002763/Fyf3n2 ; 15/02/2020	Notification ltr (if non-pickup)	☐ ☐
	SLK 2007T- X	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:	