INS. CASE OWNER:

CC3/AIG21002040/Kga3

ASSIGNMENT

Surveyor: **KENNETH**	DOI: 09/02/2021	Date / Time : 09/02/2021
		Registered in Merimen: 10/02/2021

Pre-assign / CCU / FTE

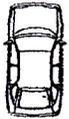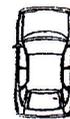|		
Insured Vehicle No. : **SME 9634G**		Claim No. :
Name of Insured :		Policy No. :
Insured Tel No. :	HP :	Make / Model :
Excess Sec II :S$	D.O.A : 06/02/2021 23:35	Place of Accident :
Is driver the owner? (YES / NO)	Nature of Accident :	
If **NO**, Driver Name / Age :		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : % **Final ? Yes / No**

SHD 232G

INSRS:	INSRS:	INSRS:	INSRS:	INSRS:
WSP: **TRANS CAB**	WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SHD 232G - CC3/AIC10002603/Afg1 ; 05/02/2010		Non-Reporting ltr (1st):	
	CC3/CAI14002281/Kuy3w2 ; 26/01/2014		Non-Reporting ltr (2nd):	
	CC3/III150020351/Kpa3q2 ; 27/11/2015		Non-Reporting ltr (Final):	
	CC4/AXA17000132/H1wb3q2 ; 31/12/2016		Notification ltr (if non-pickup):	
	CS/TP12004824/Ky1s2 ; 06/07/2011		Call OI:	
	CS/TP17017988/Kqbn2 ; 14/09/2017		After call ltr to OI:	
	SME 9634G - X			

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:		

Reject Case
By (staff) : Cecilia
Approved by :
Date : 27/04/21

26/04/2021 — TP ABRUPTLY MAKE A LANE CHANGE AND CAUSE THE COLLISION. TP CHARGED FOR CARELESS DRIVING BASED ON OI PIR. MR YEW TO CHOP + SIGN

PRELIMINARY ADVICE	Date/Time:	Sent By:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: I /S	S$ 1100.00 (2 days) Reduction: $7,300.52% 87		Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0 (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)		OI PIR: TP CHARGED FOR CARELESS DRIVING
Loss of Income (LOI):	S$ ($ x days)		OI VIDEO: TP ENCROACHED INTO OI LANE
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: REJECT
Legal Cost:	S$		3) Survey fee: $320.00
Total:	S$	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:	