15/5/2010

INS. CASE OWNER: CC3/CTI21008142/Kra3q2 | LKK: | IDAC:

CC3/CTI21008142/Kra3q2

Surveyor: KENNETH

ASSIGNMENT

DOI: 30/07/2021 Date / Time : 30/07/2021

Pre-assign / CCU / FTE Registered in Merimen:

Insured Vehicle No. : SKJ 2084L

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

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

Driver Tel No. :

Claim No. SNM21D204108/C02/SKJ2084L/CHNGPW

Policy No. : DMPCSNW00038432104

Make / Model :

D.O.A : 24.07.2021 08:20

Place of Accident : Toh yi dr towards boonlay

Nature of Accident :

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

(V/L: YES / NO)

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

SHB 9629Y

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKJ 2084L - X
	SHB 9629Y - CC3/AIG19021407/Khs3q2 ;07/07/2013 CC3/III16022956/Khb3q2; 30/11/2016 CC3/TMI15004844/Kvbk3 ; 18/03/2015 CS/LPC15010566/K1vbd1; 24/06/2015 NA/INC09017629/s1; 04/03/2009
05/01/2022	PLEASE REFER TO VIEWS FOR DETAILS *SUBMIT REJECT AS PER CTI INSTRUCTION

Reject Case
By (Staff) : Celia
Approved by : Yin
Date : 06/01/22

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$ 3,928.35 (5 days) Reduction: 65 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
Repair Cost:	S$		If NO or B 28, Ass. Lia :
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$		1) Claim status: ~~Normal~~/Reject/~~Private Cases~~
Legal Cost	S$	(e.g. Tow/ Independent)	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:	