

INS. CASE OWNER:

CC6/CTI21010096/Kes3

IDAC:

ASSIGNMENT

Surveyor:

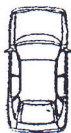
Kenneth

DOI: 30/09/2021

Date / Time : 29/09/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 5800J
 Name of Insured : CAE ENGINEERING PTE LTD
 Insured Tel No. : HP: _____
 Excess Sec II :S\$ D.O.A : 10/09/2021
 Is driver the owner? (YES / **NO**) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

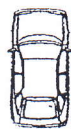
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: **YES** / NO)OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Insured Liability : % Final ? Yes / No

SKP 9674G



INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

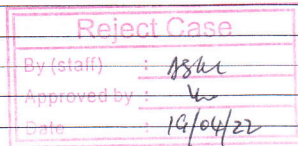


INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SKP 9674G : CC4/AIG18012774/Kea3q2 ; DOA : 10/07/2018	
	GBH 5800J : X	
14.04.22	CTI APPROVED TO REJECT TP CLAIM	
	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: KSC

Repair Cost: PP S\$ 600.00

(2 days' Reduction: 33 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

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

If NO or B 28, Ass. Lia :

Repair Cost: S\$

TP REVERSED AND SIDE SWIPE OI

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 + LC ☐ [Tick only one]

GIA/LTA Search S\$

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: ~~Normal/Reject/Private Settle~~

2) Report Format: TP

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: