15/5/2010

INS. CASE OWNER:

CC4/ASM21011302/Aps3

LKK:

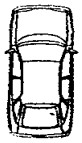
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 05/11/2021 Date / Time : 05/11/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1770T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

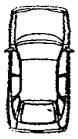
Excess Sec II :S$ D.O.A : 01/11/2021 Place of Accident :

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

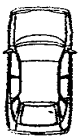
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

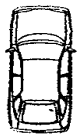
SMS 3486H → → →



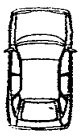
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		STAGE **DATE / PIC**
	SMS3486H - X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	SHC 1770T - CS/FCI17004312/Utbn2 // DOA : 01/03/2017	Non-Reporting ltr (Final):
	CS/FCI16004987/Kvbc2 // DOA: 11/03/2016	Notification ltr (if non-pickup):
	CC3/CAI14009810/H1sb3q2 // DOA: 23/5/2014	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
13/12/2021	Pls refer to VIEWS for details.	Notification ltr (if non-pickup)
		After call ltr to OI:
	* NO DS	Authorisation To Act:
	*SJE	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: P/P	S$ 2,948.53 (4 days) Reduction: 75 %		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: SJE
Legal Cost	S$		3) Survey fee: $200.00
Total:	**S$**	**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:	