15/5/2010

INS. CASE OWNER: CS3/AIG21009814/T1ra3q2 -1

LKK:

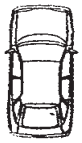
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 24/09/2021 Date / Time : 20/09/2021

Registered in Merimen: 20/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 9303G Claim No. : 1482010155SG

Name of Insured : Policy No. : 2100418989

Insured Tel No. : HP: Make / Model :

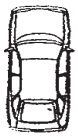
Excess Sec II :S$ D.O.A : 18/09/2021 Place of Accident :

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

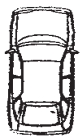
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

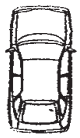
GBD 4061C → → →



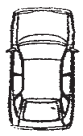
INSRS:
WSP: modern
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		STAGE **DATE / PIC**
	GBD 4061C - CS3/LPC18018617/Uqd3e2 - 10/10/201	Non-Reporting ltr (1st):
	- CC3/LPC19019266/K1db3q2 - 29/10/2019	Non-Reporting ltr (2nd):
	SKT 9303G - CC6/AIG16018758/Awb3q2 - 28/09/2016	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
30/11/2021	PLEASE REFER TO VIEW FOR MORE DETAILS	After call ltr to OI:
	TP PAPER SURVEY	**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: ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 3,104.10 (5 days) Reduction: 61 %		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: TP
Legal Cost	S$		3) Survey fee: 150.00 TP paper survey
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:	