15/5/2010

INS. CASE OWNER: CC3/CTI22000301/Kea3

LKK:

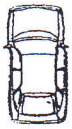
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 07/01/2022 Date / Time : 07/01/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 8977C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

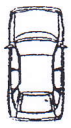
Excess Sec II :S$ D.O.A : 06.01.2022 15:40 Place of Accident :

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

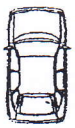
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHD 9991P → → →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 9991P - CC3/AXA16011630/Kzb3q2; 19/06/2016 CC3/FCI15018403/Ktbc2; 13/05/2015 NA/CTI22000238/r3 ; 06/01/2022 GBJ 8977C - NA/CTI20001810/z4; 02/02/2020 NA/CTI22000238/r3; 06/01/2022
15.02.22	CTI APPROVED TO REJECT TP CLAIM AS TP BEATS RED LIGHT (REFER OI VIDEO)

Reject Case
By (staff) : [illegible]
Approved by : [illegible]
Date : 15/02/22

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: KSC

Repair Cost: P/P S$ 5,949.58 (7 days) Reduction: 62 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15.02.22 Confirm with Email ☐ Call ☐

Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : TP BEATS RED LIGHT AND HIT OID VEH
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 Scale~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP/WP
Legal Cost	S$	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:	