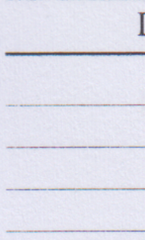
INS. CASE OWNER: CC3/CTI2200109 4/Vga3 | IDAC:

ASSIGNMENT

Surveyor: THEVAN DOI: 25/01/2022 Date / Time : 25/01/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SBZ 1177G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

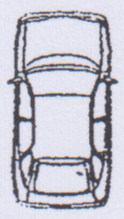
Excess Sec II :S$ D.O.A : 24.01.2022 19:50 Place of Accident :

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

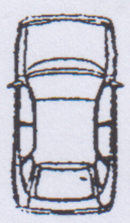
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

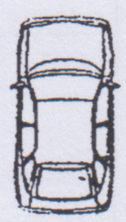
SHA 4724T → → →



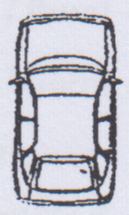
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 4724T - CC3/CAI15000213/R1hy3u2 ; 31/12/2014 CC3/III18005289/Kja3q2 ; 19/03/2018 CC3/LCR8008127/K1jb3q2 ; 30/04/2018 CC4/III17020877/Uzb3q2 ; 19/10/2017 CS/III17016033/Grbe2 ; 13/08/2017 CS3/ASM22000907/Vqy3 ; 24/01/2022 CS3/III15012221/Fbd1 ; 13/07/2015
	SBZ 1177G - CC6/CTI20002130/Dba3q2 ; 20/01/2020 CS3/ASM22000907/Vqy3 ; 24/01/2022 NBA/CTI21011642/Y ; 14/11/2021
	Reject Case By (staff) : cecilia Approved by : lw Date : 31/03/22
30/3/22.	- Rejection email to TP. Based on TP video footage, TP exiting CP gantry, OI travelling straight. Mr Yew to chop + sign.

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: 4S S$ 4450.00 (3 days) Reduction: 2989.43 % 40 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:
Legal Cost	S$		3) Survey fee: $400/- Reject.
Total:	**S$**	**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:	