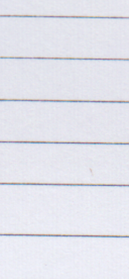
INS. CASE OWNER: | CC3/CTI22002922/Tga3 | IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 28/03/2022 Date / Time : 28/03/2022

Registered in Merimen: ____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 6915K

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 26/03/2022

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

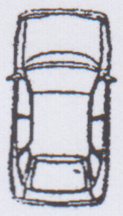
Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

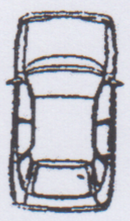
SHD 4104S →



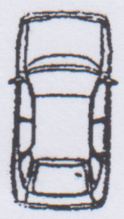
INSRS:
WSP:
Tel :
Liability :
RMKS:

CDGE
LOYANG

→



INSRS:
WSP:
Tel :
Liability :
RMKS:



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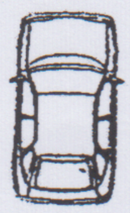
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 4104S - CC4/ASM22002855/Apa3; 26/03/2022 CC4/AXA16010134/Gyg3q2; 30/05/2016 CS/III13022875/Aqm3k3; 29/11/2013 NA/CTI22002850/m4; 26/03/2022 NS/INC14024210/H1tbu2; 28/12/2014 GBG 6915K - CC4/ASM22002855/Apa3; 26/03/2022 NA/CTI22002850/m4; 26/03/2022 *** CLAMING EACH OTHER ***
26/4/22.	Rejection email to TP : OI turning left on a left / straight lane. TP driving straight @ turn left only lane. MV yew to chop & sign.

Reject Case
By (staff) : cecilia
Approved by : Yw
Date : 27-04-22

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:

Repair Cost: P/P S$ 3,910.56 (2 days) Reduction: 25 % Email ☐ Call ☐

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

Final Liability:	% 0 (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: Reject.
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:	