15/5/2010

INS. CASE OWNER:

CC3/AIG22004481/Kpa3

LKK:

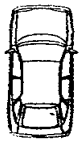
IDAC:

## ASSIGNMENT

Surveyor: KENNETH DOI: 10/05/2022 Date / Time : 10/05/2022

Registered in Merimen: 12/05/2022

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SJJ 5330T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

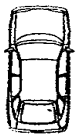
**Excess Sec II :S$** D.O.A : 07.05.2022 11:45 Place of Accident :

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

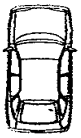
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

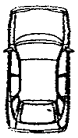
SHB 5105T → → →



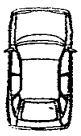
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| SHB 5105T - | CC3/AIG09009356/Zn1w 11/08/2009 SHB 5105T SJK 1887A 26/04/2009 12/08/2009 SK<br>~~CC3/AIG16009635/K1yg3q2 05/07/2016 SHB 5105T SFH 1990Y 23/05/2016 11/07/2016 LSH1~~<br>~~CC3/AXA14009634/Ery3w2 16/10/2014 SHB 5105T SGS 6353J 21/05/2014 17/10/2014 KYS~~<br>CC3/CTI21001800/Qea3q2 14/06/2021 SHB 5105T SLU 7085G 29/01/2021 17/06/2021 HHK<br>CS/SMR22002015/Aqy3 03/03/2022 SMT 3267T SHB 5105T 26/02/2022 NMY<br>~~CS/TIT09026003/T1q1 07/12/2009 SHB 5105T 13/11/2009 09/12/2009 MTH~~<br>CS/TIT10024631/T1j1 28/09/2011 SHB 5105T 02/12/2010 03/10/2011 MTH<br>NS/INC16017056/K1gh3c2 30/09/2016 SHB 5105T SGU 4225Z 08/09/2016 05/10/2016 CCY<br>~~NS/INC18003813/Svbe2 13/03/2018 SHB 5105T SLC 7621D 19/02/2018 14/03/2018 CKL~~<br>NS/INC18008617/Ssbn2 01/06/2018 SHB 5105T SKM 4429Y 04/05/2018 01/06/2018 CKL |
| | SJJ 5330T - X |

| 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: | S$ | ( days) | Reduction: % | 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: | |
| **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: | | |