15/5/2010

INS. CASE OWNER:

CC3/AIG22004744/Kpa3

LKK:

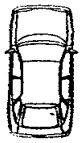
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 18/05/2022 Date / Time : 18/05/2022

Registered in Merimen: 20/05/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 2289K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

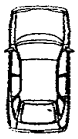
Excess Sec II :S$ D.O.A : 15.05.2022 07:45 Place of Accident :

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

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

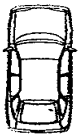
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHD 126E → → →

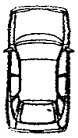


INSRS:
WSP:
Tel :
Liability :
RMKS:

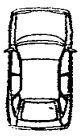
TRANS-CAB AUTO



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHD 126E	CC3/AIG09014953/Dwu1 11/08/2009 SHD 126E SFD 8168E 02/07/2009 17/08/2009 SBI CC3/AIG13003423/Kb3w2 16/12/2013 SHD 126E SFZ 5926M 13/02/2013 19/12/2013 SES CC3/AIG13023801/Kra3w2 02/08/2014 SHD 126E SKF 4226C 13/12/2013 13/08/2014 HMK CS/TP15002698/Kqbd1 27/02/2015 SHD 126E 07/11/2014 02/03/2015 CKL NA/INC08027428/Ar 08/10/2008 TAN KAY HOCK DENNIS GX 3961Y SHD 126E 08/10/2008 20/10/2008 LWS NA/INC09013156/s1 12/06/2009 ZENG ZIXUAN FT 8547K SHD 126E 31/05/2009 17/06/2009 SLP NA/INC15011583/r3 10/07/2015 MOHAMAD YASSER BIN MOHAMED AMIN SKK 1405X SHD 126E 09/07/2015 20/07/2015 RBW
SKT 2289K - 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:			