15/5/2010

INS. CASE OWNER: CC3/CTI22004787/Tga3

LKK:

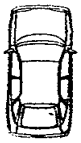
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 12/05/2022 Date / Time : 12/05/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SKK 7987T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

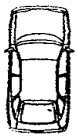
Excess Sec II :S$ D.O.A : 12/05/2022 03:50 Place of Accident : Clementi Ave 2, Singapore

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

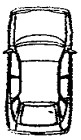
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

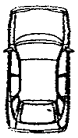
SH 7448D → → →



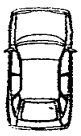
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SH 7448D	CC3/AIG14011778/H1kb3q2 05/08/2014 SH 7448D SCH 181H 21/06/2014 15/08/2014 LST
	CC3/AXA13017328/Yem3c3 24/10/2013 SH 7448D SKJ 1525M 13/09/2013 29/10/2013 NSW
	CS/EGI20013527/Dvf3n2 30/06/2021 SH 7448D GBK 6758B 05/12/2020 30/06/2021 LST
	CS/FCI14014019/Rtbu2 14/10/2014 SCH 181H SH 7448D 21/06/2014 15/10/2014 CKL
	CS/FCI17000197/Uth3s2 19/01/2017 SJB 2551J SH 7448D 03/01/2017 19/01/2017 CCY
	CS/FCI18010616/Dtd3e2 06/08/2018 SHD 4880J SH 7448D 07/06/2018 08/08/2018 NVT
	CS/MSG17004526/H1vbn2 07/04/2017 SH 7448D FBK 399T 04/03/2017 07/04/2017 CKL
	CS3/ASM21010495/R1uy3e2 19/10/2021 GBK 8035R SH 7448D 09/10/2021 20/10/2021 MMY
	NBA/AIG14011744/e1 23/06/2014 JONG BRONTE BANGTING SCH 181H SH 7448D 21/06/2014 27/06/2014 NBS
SKK 7987T - 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:	27/06/2014

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:			