15/5/2010

INS. CASE OWNER:

CC3/CTI22004788/Tea3

LKK:

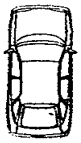
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 11/05/2022 Date / Time : 11/05/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 6563T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

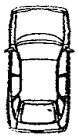
Excess Sec II :S$ D.O.A : 09/05/2022 16:45 Place of Accident :

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

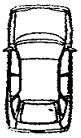
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

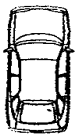
SHC 3950C → → →



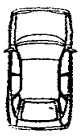
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHC 3950C	CC3/AIG08024972/CDn 03/12/2008 SHC 3950C SFE 7620S 06/09/2008 10/12/2008 CLZ CC3/AIG13020831/Ysa3w2 12/12/2013 SHC 3950C SGX 5909L 04/11/2013 13/12/2013 HMK CS/QW16000615/H1tbd1 14/01/2016 SHC 3950C 29/12/2015 14/01/2016 CKL NA/INC13000214/r3 04/01/2013 MUHAMMAD ALI BIN MOHAMMAD GX 1847H SHC 3950C 02/01/2013 03/01/2013 RBW NA/TMI19022285/h4 18/12/2019 SEBESTIAN NG JING KAI SJS 8982U SHC 3950C 18/12/2019 23/12/2019 LSH NS/INC12012958/H1kr2 12/07/2012 SHC 3950C FU 5561H 28/06/2012 16/07/2012 LYT NS/INC16011528/H1tbn2 04/07/2016 SHC 3950C SJL 2097B 17/06/2016 04/07/2016 CKL	
GBB 6563T - 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:	