15/5/2010

INS. CASE OWNER:

CC3/CTI22004790/Vea3

LKK:

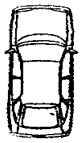
IDAC:

ASSIGNMENT

Surveyor: THEVAN DOI: 25/04/2022 Date / Time : 25/04/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMU 936K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

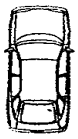
Excess Sec II :S$ D.O.A : 22/04/2022 15:15 Place of Accident : 562 Serangoon Rd, Singapore 218178

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

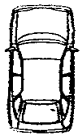
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

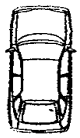
SHA 4372A → → →



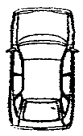
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHA 4372A	CC3/III17002396/eb3XX 07/02/2017 SGJ 1098B SHA 4372A 04/02/2017 21/02/2017 KSR CC4/III17013287/Kea3q2 03/10/2017 SJV 9383B SHA 4372A 04/07/2017 03/10/2017 HMK CS/TMI20002312/T1qf3s2 14/02/2020 SHA 4372A GBF 5583X 08/02/2020 18/02/2020 LST NA/INC17013034/k4 05/07/2017 MARIEMUTHU S/O ARUMUGAM SJV 9383B SHA 4372A 04/07/2017 26/09/2017 KSG NS/INC11020812/H1fk3 02/11/2011 SHA 4372A SGN 3528T 08/10/2011 02/11/2011 SWL NS/INC21012513/Vtcn2 20/12/2021 SHA 4372A SGX 9251Z 09/12/2021 22/12/2021 SWL		Non-Reporting ltr (1st):
			Non-Reporting ltr (2nd):
			Non-Reporting ltr (Final):
			Notification ltr (if non-pickup):
	SMU 936K - CS/CTI22004767/Gqy3 ; 22.04.2022		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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

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:	