15/5/2010

INS. CASE OWNER:

CC3/CTI22004811/Gga3

LKK:

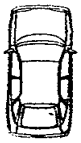
IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 17/05/2022 Date / Time : 17/05/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GY 4542L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

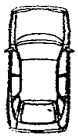
Excess Sec II :S$ D.O.A : 14.05.2022 07:55 Place of Accident :

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

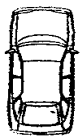
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

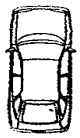
SHA 4468H → → →



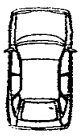
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHA 4468H	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AXA10025546/Dn1c3q2 04/04/2012 SHA 4468H FBB 5187C 15/12/2010 12/04/2012 LSL CC4/ASM21006953/Aga3q2 09/05/2022 SNA 8383X SHA 4468H 22/06/2021 11/05/2022 LSL1 ~~CC4/FCI20004444/Uka3q2 07/09/2020 SLA 4175E SHA 4468H 18/03/2020 10/09/2020 DBR~~ CS/MSG17007340/M1vbe2 01/06/2017 SHA 4468H SFM 718Z 12/04/2017 06/06/2017 CKL
GY 4542L	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~CS3/III19012435/Gcf3s2 26/07/2019 GY 4542L SH 7331G 12/07/2019 29/07/2019 SSC~~ CS3/III19012435/Gqf3s2-1 12/02/2020 GY 4542L SH 7331G 12/07/2019 14/02/2020 NVT

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:	