15/5/2010

INS. CASE OWNER:

CC3/CTI22004822/Gga3

LKK:

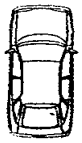
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 19.05.2022 Date / Time : 19.05.2022

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SMY 9559K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

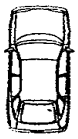
Excess Sec II :S$ D.O.A : 19/05/2022 02:20 Place of Accident : Stamford Rd, Singapore

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

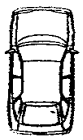
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

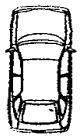
SHC 813K → → →



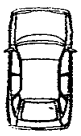
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHC 813K	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	~~CC3/AIG09024807/Cn1q1n 04/03/2010 SHC 813K SJR 7102E 01/11/2009 09/03/2010 CPH~~
	~~CC3/AIG13013445/Ysa3y 20/11/2013 SHC 813K SGE 5157P 23/07/2013 22/11/2013 HMK~~
	~~CS/FCI10000825/Fbg1 07/05/2010 SGZ 506M SHC 813K 08/01/2010 07/05/2010 CYY~~
	~~CS/QW14009228/Sgbd1 21/05/2014 SHC 813K 04/05/2014 22/05/2014 CKL~~
	~~NS/INC10008974/Fn 26/05/2010 SHC 813K SCR 6141G 05/05/2010 27/05/2010 HYN~~
	NS/INC18002855/K1qbn2 01/03/2018 SHC 813K FY 9030B 10/02/2018 01/03/2018 CKL
SMY 9559K - 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:	