15/5/2010

INS. CASE OWNER:

CC6/AIG22005029/ea3

LKK:

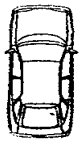
IDAC:

## ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 27/05/2022

Registered in Merimen: 27/05/2022

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMF 2348Z

Name of Insured : _____

Insured Tel No. : _____ HP: _____

**Excess Sec II :S$** _____ D.O.A : 22/05/2022 10:45

Is driver the owner? ( YES / NO )

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : LORONG 1 TOA PAYOH

Nature of Accident : _____

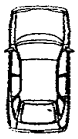
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO )

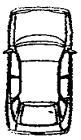
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

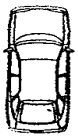
GBB 6209S → _____ → _____ → _____



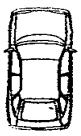
INSRS:
WSP: KAI MOTOR
Tel : TRADING
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | |
|---|---|---|
| GBB 6209S - | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By | |
| | CS/MSG16015677/Kvbn2 03/10/2016 SCJ 8428J GBB 6209S 01/07/2016 03/10/2016 CKL | |
| | CS/SMO18009374/Ard3n2 22/06/2018 SLP 824M GBB 6209S 21/05/2018 29/06/2018 NYT | |
| | NA/INC17021840/h4 15/11/2017 TAN KIN HWEE GBB 6209S SLR 3799Y 15/11/2017 22/11/2017 LSH | |
| | NA/MSG15016099/h4 23/09/2015 TAN KONG SOON GBB 6209S SKP 6145L 22/09/2015 25/09/2015 LSH | |
| | NA/MSG16014636/k4 05/08/2016 FUNG PING CHOY GBB 6209S SCJ 8428J 01/07/2016 08/08/2016 KSG | |
| SMF 2348Z - X | | |

| STATUS | 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: | |