15/5/2010

INS. CASE OWNER:

CC3/CTI22005085/Rpa3

LKK:

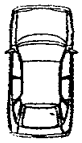
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 26.05.2022 Date / Time : 26.05.2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 7302C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

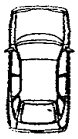
Excess Sec II :S$ D.O.A : 25.05.2022 09:30 Place of Accident :

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

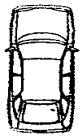
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

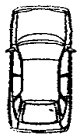
SHB 127M → → →



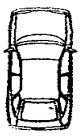
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHB 127M Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CC3/AXA12004944/R1hc3f1 03/10/2012 SHB 127M GU 197Y 05/03/2012 08/10/2012 TLF
CC3/AXA12005379/R1hc3f1 16/03/2012 SHB 127M SFP 6098Z 11/03/2012 15/06/2012 TLF
CC3/AXA14023354/K1ua3q2 24/04/2015 SHB 127M SCE 5252U 15/12/2014 29/04/2015 HMK
CC3/CAI14020182/K1um3k3 19/11/2014 SHB 127M SKN 5926S 26/10/2014 25/11/2014 EPL
CS/TIT11015550/R1y1u2 05/03/2013 SHB 127M 27/07/2011 13/03/2013 MRB
NA1/INC08015302/e1 22/05/2008 LORIANT CAMPOS BARREAU LENAIG MARIE EB 2928R SHB 127M 09/05/2008 27/05/2008 TWI
NJM/INC08015976/T1y1 17/06/2008 SHB 127M EB 2928R 09/05/2008 25/06/2008 YCC

YP 7302C - X

Call Log	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:	