15/5/2010

INS. CASE OWNER:

CC4/III22005328/Rga3

LKK:

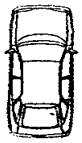
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 03/06/2022 Date / Time : 03/06/2022

Registered in Merimen: 03/6/22

Pre-assign / CCU / FTE



Insured Vehicle No. : SJT 3730H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

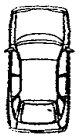
Excess Sec II :S$ D.O.A : 01.06.2022 21:15 Place of Accident :

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

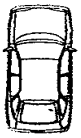
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

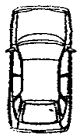
SHD 6313S → → →



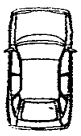
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHD 6313S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/AIG14002829/R1ca3q2 23/04/2014 SHD 6313S SJU 156E 10/02/2014 29/04/2014 HMK
CC3/AXA12013871/R1hdc3 26/11/2012 SHD 6313S FBE 3215C 13/07/2012 30/11/2012 CXC
CS/SMR22004372/Aqy3 10/05/2022 SLG 9215J SHD 6313S 09/05/2022 NMY
NA/INC18008350/z4 07/05/2018 MOHAMED RAFI S/O SYED SULTAN PA 7352T SHD 6313S 03/05/2018 06/05/2018 HZT
NS/INC22004913/Rtc 25/05/2022 SHD 6313S FBS 4820A 23/05/2022 FWL

SJT 3730H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC4/ASM19010023/Ugb3q2 06/08/2019 SJF 5641S SJT 3730H 05/06/2019 15/08/2019 LSP

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
No Contact By (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:	