15/5/2010

INS. CASE OWNER: CC4/ASM22005572/Ega3

LKK:

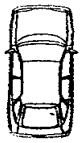
IDAC: 264670

ASSIGNMENT

Surveyor: STEVE CHEN DOI: 08/06/2022 Date / Time : 07/06/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMR 1643P Claim No. : S2M042ID

Name of Insured : SHERMAINE LOH WAI FUN Policy No. : GA521098

Insured Tel No. : HP: Make / Model : Toyota Camry

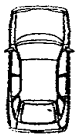
Excess Sec II :S$ D.O.A : 25.05.2022 18:23 Place of Accident : JURONG EAST AVE 1

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

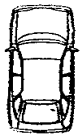
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

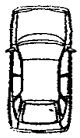
SBS 3343S → → →



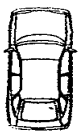
INSRS:
WSP: TOWER TRANSIT
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	Created By	DATE / PIC
SBS 3343S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		Non-Reporting ltr (1st):		
CS/FCI19005513/R1sd3e2 04/09/2019 SBS 3343S SHB 6630L 19/03/2019 05/09/2019 NVT		Non-Reporting ltr (2nd):		
CS/FCI19015638/R1sf3s2 10/01/2020 SBS 3343S SHB 2136Z 30/08/2019 15/01/2020 LST1		Non-Reporting ltr (Final):		
SMR 1643P - X		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:		
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:		
		Others:		

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:	