15/5/2010

INS. CASE OWNER:

CC3/AIG22006126/Kqa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 27/06/2022 Date / Time : 27/06/2022

Registered in Merimen: 28/06/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SDH 9208U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 23/06/2022 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**

SHC 5962E → → →

INSRS: TRANS-CAB
WSP: CAB
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHC 5962E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~CC3/FCI13023540/Kqbk3 17/12/2013 SHC 5962E SHA 8472T 12/10/2013 18/12/2013 GKL NA/INC08020565/se1 21/07/2008 CHNG AIK LEONG SFV 3893H SHC 5962E 20/07/2008 22/08/2008 TWL~~	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
SDH 9208U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/AIG17003604/r3 21/02/2017 WONG LOKE SHOW SDH 9208U XD 9638X 20/02/2017 24/02/2017 RBW	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

Reject TP claim

Reject Case
By (staff) : Hsiao Yong
Approved by : Yee
Date : 14/10/22

Excluded check items
$ 32740.88.

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** Submit~~ Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 18600.00 (13 days) Reduction: 62 % 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$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format: TP
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee: $320.00
Legal Cost	S$		
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:	