15/5/2010

INS. CASE OWNER: Cecilia | CC3/CTI22006236/T ~~ga3~~ pa3. | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 07/06/2022 Date / Time : 07/06/2022

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. : SJZ 4272A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 04.06.2022 Place of Accident :

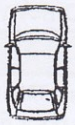
Is driver the owner? (YES / NO) Nature of Accident :

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**

SHD 3844X → ___ → ___ → ___

INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHD 3844X -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By **DATE / PIC** CC4/ASM22005428/Aea3 07/06/2022 SJZ 4272A SHD 3844X 04/06/2022 HMK ~~NA/CTI22005373/T 06/06/2022 NG KIAN SHENG SJZ 4272A SHD 3844X 04/06/2022 MTH~~
SJZ 4272A -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/ASM22005428/Aea3 07/06/2022 SJZ 4272A SHD 3844X 04/06/2022 HMK ~~NA/CTI21005710/r3 11/05/2021 NG KIAN SHENG SJZ 4272A FBP 2926H 10/05/2021 21/05/2021 RBW~~ ~~NA/CTI22005373/T 06/06/2022 NG KIAN SHENG SJZ 4272A SHD 3844X 04/06/2022 MTH~~
	*** CLAIMING EACH OTHER ***
10/12/22	– Rejected TP claim.

Reject Case
By (staff) : Hsiao Tong
Approved by : [signature]
Date : 15/03/23.

Non-Reporting ltr (1st):
Non-Reporting ltr (2nd):
Non-Response Letter:
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: 4 Sum	S$ 1050.00 (2 days) Reduction: 54 %		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: TP
Legal Cost	S$		3) Survey fee: $ ~~250.00~~ 400.00
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:	