15/5/2010

INS. CASE OWNER: CC3/AIG22006247/Kja3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 29/06/2022 Date / Time: 29/06/2022

Registered in Merimen: 30.06.2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SND 8126G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 28.06.2022 15:35 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 5309L → → →

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

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
SHD 5309L - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date	Close Date Created By
	~~CC3/AIG15003719/Kja3s2 30/10/2015 SHD 5309L SJN 830D 27/02/2015 03/11/2015 HMK~~	
	~~CC3/AIG15013248/Kya3n2 05/05/2016 SHD 5309L SJG 8797B 03/08/2015 10/05/2016 KYS~~	
	~~CC3/AXA12011645/Khc3f1 25/07/2012 SHD 5309L SGE 906C 02/06/2012 31/07/2012 TLL~~	
	~~CC3/FCI14008700/Kvbd1 16/05/2014 SHD 5309L SHD 6143R 27/11/2013 20/05/2014 CKL~~	
	~~CC3/FCI14023602/K1gbk3 03/03/2015 SHB 9693K SHD 5309L 19/12/2014 04/03/2015 CKL~~	
	~~CC3/TMI21007952/Kvcn2 06/08/2021 SHD 5309L SMK 7860B 23/07/2021 06/08/2021 FWL~~	
SND 8126G - X		
17/6/22 - Reject-Open		

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

DATE / PIC	
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
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 qum S$ 1450-00 (2 days) Reduction: 77 % 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: $320.00
Total:	**S$** **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:	