15/5/2010

INS. CASE OWNER: CC3/AIG22006247/Kea3

LKK:

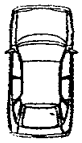
IDAC:

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 :

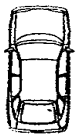
Excess Sec II :S$ D.O.A : 28.06.2022 15:35 Place of Accident :

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

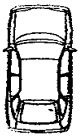
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

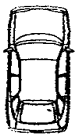
SHD 5309L → → →



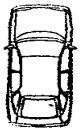
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



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		**STAGE** **DATE / PIC**
~~CC3/AIG15003719/Kja3s2 30/10/2015 SHD 5309L SJN 830D 27/02/2015 03/11/2015 HMK~~		Non-Reporting ltr (1st):
~~CC3/AIG15013248/Kya3n2 05/05/2016 SHD 5309L SJG 8797B 03/08/2015 10/05/2016 KYS~~		Non-Reporting ltr (2nd):
~~CC3/AXA12011645/Khc3f1 25/07/2012 SHD 5309L SGE 906C 02/06/2012 31/07/2012 TLF~~		Non-Reporting ltr (Final):
~~CC3/FCI14008700/Kvbd1 16/05/2014 SHD 5309L SHD 6143R 27/11/2013 20/05/2014 CKL~~		Notification ltr (if non-pickup):
~~CC3/FCI14023602/K1gbk3 03/03/2015 SHB 9693K SHD 5309L 19/12/2014 04/03/2015 CKL~~		LOD:
CC3/TMI21007952/Kvcn2 06/08/2021 SHD 5309L SMK 7860B 23/07/2021 06/08/2021 FWL		After call ltr to OI:
SND 8126G - X		**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:	