15/5/2010

INS. CASE OWNER:

CC3/CTI22006583/Gga3

LKK:

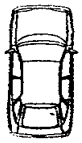
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 08/07/2022 Date / Time : 08/07/2022

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SKZ 2004J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

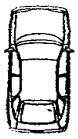
Excess Sec II :S$ D.O.A : 06.07.2022 22:30 Place of Accident :

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

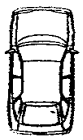
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

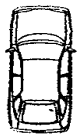
SHD 6234L → → →



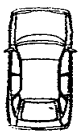
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHD 6234L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (1st):	
CC3/AIG12002106/R1sa3y 09/01/2013 SHD 6234L SJA 8475L 31/01/2012 10/01/2013 MRB		Non-Reporting ltr (2nd):	
CC3/AIG20013828/Ggs3q2 14/06/2021 SHD 6234L GX 9676G 11/12/2020 14/06/2021 SL1		Non-Reporting ltr (Final):	
CS1/SMR21009229/Juf3e2 24/09/2021 SME 281A SHD 6234L 20/03/2021 24/09/2021 LST		Notification ltr (if non-pickup):	
NA/CTI22006498/r3 07/07/2022 NYO CHENG CHON SKZ 2004J SHD 6234L 06/07/2022 RBW		Call OI:	
NS/INC14009353/K1gbu2 12/06/2014 SHD 6234L FR 1832T 15/05/2014 16/06/2014 CKL		After call ltr to OI:	
NS/INC18013511/R1rbe2 03/10/2018 SHD 6234L GBA 177U 22/07/2018 09/10/2018 CKL			
SKZ 2004J - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
NA/CTI22006498/r3 07/07/2022 NYO CHENG CHON SKZ 2004J SHD 6234L 06/07/2022 RBW			

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:	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:	