15/5/2010

INS. CASE OWNER:

CC3/CTI22006593/Tga3

LKK:

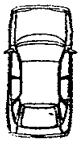
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 29.06.2022 Date / Time : 29.06.2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMX 2403C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

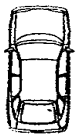
Excess Sec II :S$ D.O.A : 27.06.2022 17:10 Place of Accident :

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

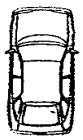
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

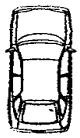
SHA 4543Z → → →



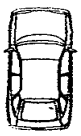
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHA 4543Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Closing Date Created By

CC3/CTI20000408/Fea3n2 09/04/2020 SHA 4543Z SKD 5670G 01/01/2020 15/04/2020 HMK
CC3/III17015759/Kzb3q2 29/12/2017 SHB 7981S SHA 4543Z 10/08/2017 30/12/2017 LSP
CC4/AIG21005621/T1gs3q2 30/07/2021 SHA 4543Z SGQ 6336U 06/05/2021 30/07/2021 LSP
CS/III13018044/K1y1m3d1 15/01/2014 SGN 359J SHA 4543Z 17/09/2013 23/01/2014 PIR
CS3/III20000310/Ftd3e2 31/01/2020 SKD 5670G SHA 4543Z 01/01/2020 03/02/2020 NAT
CS3/III20000310/Gtl3e2-1 20/08/2020 SKD 5670G SHA 4543Z 01/01/2020 20/08/2020 FWL
NA/FCI09027315/r 04/12/2009 CHUAN QING SHAN GV 7183K SHA 4543Z 26/11/2009 09/12/2009 LWS
NS/INC22001331/Vtcn2 09/03/2022 SHA 4543Z SBY 8085Y 02/02/2022 09/03/2022 AHE

SMX 2403C - X

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
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:	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:	