15/5/2010

INS. CASE OWNER:

CC3/CTI22006657/Tpa3

LKK:

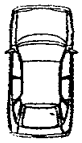
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 22/06/2022 Date / Time : 22/06/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SCW 8886B Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

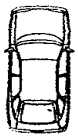
Excess Sec II :S$ D.O.A : 21/06/2022 22:20 Place of Accident : YCK APPROACHING SLIP ROAD

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

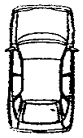
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

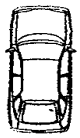
SH 7079K → → →



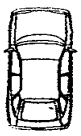
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SCW8886B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	NA/CTI21004708/h4 14/04/2021 LIM SHU MEI AUDREY SCW 8886B SGU 6871U 13/04/2021 21/04/2021 LSH	
	~~NA/INC12000716/e1XX 11/01/2012 PEREIRA WAYNE GRAEME SCW 8886B SHC 6857U 11/01/2012 21/06/2013 NBS~~	
SH 7079K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CC3/AXA12017648/H1hc3q2 09/10/2012 SH 7079K SGZ 2137G 08/09/2012 12/10/2012 TLF	
	~~NS/INC11000200/Fn 01/04/2011 SH 7079K CB 5570S 31/12/2010 31/03/2011 HYN~~	
	NS/INC18018924/K1vbn2 26/10/2018 SH 7079K S 8010CD 17/10/2018 30/10/2018 CKL	

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:		