15/5/2010

INS. CASE OWNER:

CC3/CTI22006989/Kpa3

LKK:

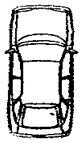
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 21/07/2022 Date / Time : 21/07/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 3891U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

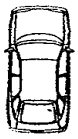
Excess Sec II :S$ D.O.A : 12/05/2022 09:33 Place of Accident :

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

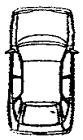
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

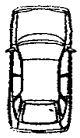
SHD 5595B → → →



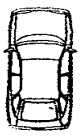
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHD 5595B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		**STAGE** **DATE / PIC**
	CC3/AIG11026736/Ka2g2k2 21/09/2012 SHD 5595B GBA 8852B 25/12/2011 27/09/2012 TCT	Non-Reporting ltr (1st):
	CC3/AXA11010507/Kq1c3f1 17/05/2012 SHD 5595B FBB 3237E 29/05/2011 24/05/2012 TLF	Non-Reporting ltr (2nd):
	CC3/FCI15005665/Kgbu2 07/04/2015 SHD 5595B SHD 748K 15/11/2014 08/04/2015 CKL	Non-Reporting ltr (Final):
	CC3/III16020142/Keg3s2 14/11/2016 SHD 5595B SHD 4955C 20/10/2016 16/11/2016 LSH	Notification ltr (if non-pickup):
	CC3/TMI19012173/Ksf3n2 02/09/2019 SHD 5595B SLR 8475Z 08/07/2019 02/09/2019 NSH	
PC 3891U - X		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:
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:	