15/5/2010

INS. CASE OWNER:

CC3/CTI22006990/Kea3

LKK:

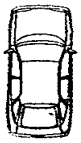
IDAC:

ASSIGNMENT

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

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV 60T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

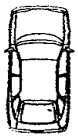
Excess Sec II :S$ D.O.A : 27/04/2022 00:05 Place of Accident :

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

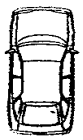
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

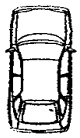
SHD 5341S → → →



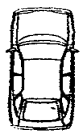
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHD 5341S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/LCR17012105/Kwa3q2 18/04/2018 SHD 5341S SLK 9096P 16/06/2017 18/04/2018 LSH1 NA/INC19016518/z4 18/09/2019 LIM YU XIN, JANE SMM 3011B SHD 5341S 17/09/2019 23/09/2019 HZ1 NBA/CTI22003987/Y 28/04/2022 TOH XUANLI LINDEN SLV 60T SHD 5341S 27/04/2022 28/04/2022 RBA		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
SLV 60T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/CTI22003987/Y 28/04/2022 TOH XUANLI LINDEN SLV 60T SHD 5341S 27/04/2022 28/04/2022 RBA		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:		☐
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:			