15/5/2010

INS. CASE OWNER:

CC6/AIG22007103/Kpa3

LKK:

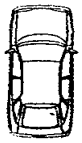
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 25/07/2022 Date / Time : 25/07/2022

Registered in Merimen: 26/07/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 7420T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

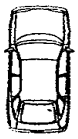
Excess Sec II :S$ D.O.A : 24.07.2022 11:38 Place of Accident :

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

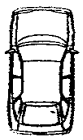
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

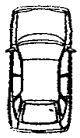
SJS 5896E → → →



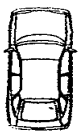
INSRS:
WSP: CHENG HOE MOTOR PL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SJS 5896E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~CC4/FCI20011934/Kgs3q2 05/11/2021 SJS 5896E SHA 6980G 30/10/2020 05/11/2021 LSL1~~ CS3/AXA13000824/Yqd1 16/01/2013 SJS 5896E YJ 4703E 10/01/2013 21/01/2013 SSC ~~CS3/FCI14008961/R1qm3d1 23/06/2014 SJS 5896E SHC 8558U 12/05/2014 25/06/2014 BPL~~ CS3/FCI14008961/Uqbd1-1 17/04/2015 SJS 5896E SHC 8558U 12/05/2014 17/04/2015 CKL NA/INC14008883/e1 12/05/2014 MANI NARESHKUMAR SGL 8943E SJS 5896E 12/05/2014 22/05/2014 NBS ~~NA/LIP14008965/r3 14/05/2014 TAN KIAN CHEOW SJS 5896E SHC 8558U 12/05/2014 22/05/2014 RBW~~	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
GBK 7420T - X		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:	