15/5/2010

INS. CASE OWNER:

CC3/CTI22007563/Tga3

LKK:

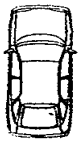
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 01/08/2022 Date / Time : 01/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMR 7103S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

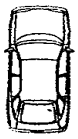
Excess Sec II :S$ D.O.A : 30.07.2022 Place of Accident :

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

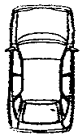
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

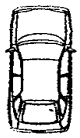
SHA 5984C → → →



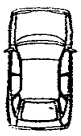
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHA 5984C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG14001199/Ypa3q2 27/06/2014 SHA 5984C FBB 7739Y 19/01/2014 02/07/2014 RMK
	CC4/III18001913/Upb3s2 23/05/2018 SKE 3999S SHA 5984C 26/01/2018 26/05/2018 LSP
	CS/III10012219/Gbq 02/08/2010 SCU 3633H SHA 5984C 24/05/2010 02/08/2010 CYY
	NA/INC17011187/k4 08/06/2017 NG YEN HOW SGN 8209G SHA 5984C 08/06/2017 19/06/2017 CEG
	NS/INC17011408/H1qh3e2 28/06/2017 SHA 5984C SGN 8209G 08/06/2017 03/07/2017 CGS
	NS/INC18007475/K1rbn2 03/05/2018 SHA 5984C SFZ 1009L 21/04/2018 04/05/2018 CKL
SMR 7103S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	NBA/CTI22007277/Y 01/08/2022 NG PEI CHING, LOLETA SMR 7103S SMT 3775T 30/07/2022 08/08/2022 RBA

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:	