15/5/2010

INS. CASE OWNER:

CC3/AIG22007615/Kga3

LKK:

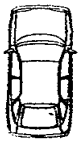
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 10/08/2022 Date / Time : 10/08/2022

Registered in Merimen: 11/08/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBL 3858K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

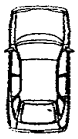
Excess Sec II :S$ D.O.A : 21.05.2022 09:30 Place of Accident :

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

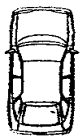
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

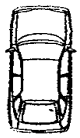
SHD 5978E → → →



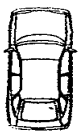
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHD 5978E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~CC3/AIG12011536/Kra3q2 11/12/2014 SHD 5978E SJH 4803M 10/06/2012 17/12/2014 SBS~~ ~~CC3/AIG12011536/Kra3q2-1XX 04/01/2018 SHD 5978E SJH 4803M 10/06/2012 25/03/2022 HMK~~ ~~CS/FCI13023396/Ry1m3d1 20/01/2014 SKE 9238R SHD 5978E 09/12/2013 23/01/2014 BPL~~ ~~CS/MSG11008909/Gvn 20/07/2011 SHD 5978E SGZ 8555T 12/05/2011 27/07/2011 CMJ~~ ~~NA/AIG12011428/s2 11/06/2012 TAY CHIN SENG SJH 4803M SHD 5978E 10/06/2012 13/06/2012 SLK~~ ~~NA/RSI13023160/r3 09/12/2013 TAY JIN SENG ALDRIC SGE 2615D SHD 5978E 08/12/2013 11/12/2013 [illegible]~~ ~~NBA/INC17003250/S 16/02/2017 JEREMY NG EI BING SJS 1004P SHD 5978E 15/02/2017 20/02/2017 YWK~~	
GBL 3858K - X		

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:	