15/5/2010

INS. CASE OWNER:

CC3/AIG22008203/Kea3

LKK:

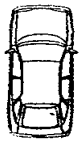
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 22/08/2022 Date / Time : 22/08/2022

Registered in Merimen: 25/08/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 6855D Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

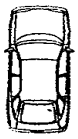
Excess Sec II :S$ D.O.A : 18.08.2022 00:31 Place of Accident :

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

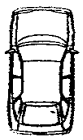
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

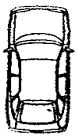
SHB 9689Z → → →



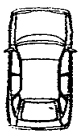
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHB 9689Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	**DATE / PIC**
	~~CC3/AIG11025863/Ka2b1q2 06/09/2013 SHB 9689Z SGF 5932M 01/12/2011 10/09/2013 TJP~~	Non-Reporting ltr (1st):
	~~CC3/AXA15003233/Kwa3s2 13/01/2016 SHB 9689Z SJF 5189G 17/02/2015 14/01/2016 LSLT~~	Non-Reporting ltr (2nd):
	~~CC3/III17017423/Kwb3q2 03/06/2019 SHB 9689Z SHC 3192Z 06/09/2017 03/06/2019 LSP~~	Non-Reporting ltr (Final):
	CC4/ASM22004993/Kga3 26/05/2022 SLW 6974L SHB 9689Z 24/05/2022 HMK	Notification ltr (if non-pickup):
	CC4/AXA16018676/Uua3s2 19/10/2017 SKT 883H SHB 9689Z 25/09/2016 20/10/2017 HMK	Call OI:
	CC4/AXA16018676/Uua3s2-1 24/09/2018 SKT 883H SHB 9689Z 25/09/2016 04/10/2018 HMK	After call ltr to OI:
	CS/FCI18009764/Kvd3n2 10/09/2018 SHB 9689Z SHA 2506U 23/05/2018 10/09/2018 NVT	
	CS/TP09016462/Ucg1 24/07/2009 SHB 9689Z 10/07/2009 24/07/2009 FWL	
SMJ 6855D - X		**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:	