15/5/2010

INS. CASE OWNER:

CC3/CTI22008390/Kpa3

LKK:

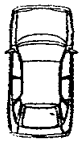
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 25/08/2022 Date / Time : 25/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 9444Z Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

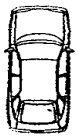
Excess Sec II :S$ D.O.A : 24.08.2022 08:10 Place of Accident :

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

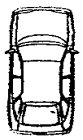
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

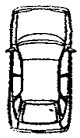
SHB 9926P → → →



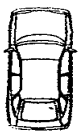
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHB 9926P - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/CTI18019948/Kka3n2 02/12/2019 SHB 9926P GBE 6633J 30/10/2018 03/12/2019 HMK
	CC3/FCI15000839/K1qbk3 20/01/2015 SHB 9926P YL 9952J 13/01/2015 21/01/2015 CKL
	CC3/III19022210/Kpa3q2 20/02/2020 SHB 9926P SHD 4424T 11/12/2019 20/02/2020 HMK
	CC3/TMI21007377/Kqcn2 12/07/2021 SHB 9926P GBH 9677Y 30/06/2021 12/07/2021 FWL
	CC4/ASM18009405/Kps3q2 02/12/2020 SHB 9926P SKC 9636K 21/05/2018 03/12/2020 LSP
	CS3/AXA18001787/Gbs2 27/03/2018 SLC 1994S SHB 9926P 25/01/2018 28/03/2018 NVT
	CS3/AXA18001787/Grbs2-1 18/10/2018 SLC 1994S SHB 9926P 25/01/2018 22/10/2018 CKL
	NA/DAI18001650/r3 26/01/2018 LAU,KOK SENG SLC 1994S SHB 9926P 25/01/2018 02/02/2018 RBW
	NA/INC20000557/r3 08/01/2020 LIM BOON IAN,RAYMOND(LIN WENXIAN,RAYMOND) SLH 695K SHB 9936P 07/01/2020 17/01/2020 RBW
YN 9444Z - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/QBE20006341/T1es3q2 23/09/2020 SHC 8576S YN 9444Z 14/06/2020 24/09/2020 LSL1
	CS/QBE18002689/Urd3n2 24/04/2018 YN 9444Z 05/02/2018 24/04/2018 NVT
	NA/CTI21004318/h4 06/04/2021 ZULKEFLI BIN ABBAS YN 9444Z GBK 3696R 05/04/2021 15/04/2021 LSH

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:	