15/5/2010

INS. CASE OWNER: CC6/AIG22008564/Aea3

LKK:

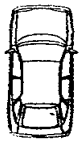
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 30/08/2022 Date / Time : 30/08/2022

Registered in Merimen: 01.09.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SKH 4994H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

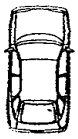
Excess Sec II :S$ D.O.A : 27.08.2022 12:00 Place of Accident :

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

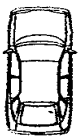
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

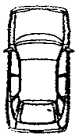
SKC 881C → → →



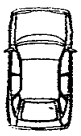
INSRS:
WSP: SUCCESS
Tel : UNITED
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKC 881C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AXA14005364/K1sb3w2 25/06/2014 SHF 459J SKC 881C 18/03/2014 30/06/2014 NSW CS/TP13007265/Uvn 02/05/2013 SKC 881C 17/04/2013 02/05/2013 CMJ
SKH 4994H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/INC20013405/z4 05/12/2020 JENNY TAN SMH 5288H SKH 4994H 04/12/2020 04/01/2021 HZT NBA/AIG15015724/e1 16/09/2015 MONG PUAY BOON WILFRED SKH 4994H SGG 2070P 15/09/2015 23/09/2015 NBS NBA/AIG19014991/Y 26/08/2019 ZHANG NA SKN 5777E SKH 4994H 24/08/2019 11/09/2019 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:	