15/5/2010

INS. CASE OWNER: CC3/AIG22008580/Kea3

LKK:

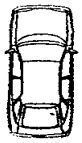
IDAC:

ASSIGNMENT

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

Registered in Merimen: 02.09.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA 6014Z Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

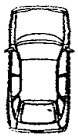
Excess Sec II :S$ D.O.A : 27.08.2022 10:00 Place of Accident :

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

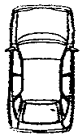
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

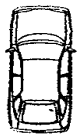
SHD 300T → → →



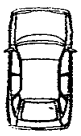
INSRS:
WSP:
Tel : TRANS-CAB
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHD 300T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG09012066/Dn1q1 25/06/2009 SHD 300T SJQ 7494D 28/05/2009 30/06/2009 TCE
	CC3/III16020288/Kpa3q2 18/12/2017 SHD 300T SHC 6920U 19/10/2016 18/12/2017 HMK
	CS/FCI12013054/Kvn 24/07/2012 SEC 6648E SHD 300T 28/06/2012 24/07/2012 CMJ
	CS/FCI13018073/T1vy3u2 14/10/2013 SGU 6117P SHD 300T 23/09/2013 21/10/2013 KYS
	NA/AVI09028873/c2 26/12/2009 LEE SIEW YIN, SHIRLEY SGY 63D SHD 300T 25/12/2009 30/12/2009 RW
	NA/INC16004730/Cr3 12/03/2016 ANNI ULVIERA SJX 4336K SHD 300T 11/03/2016 24/03/2016 RBW
SLA 6014Z - 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:	