15/5/2010

			LKK:
INS. CASE OWNER:	**CC3/CTI22008636/Tea3**		IDAC:

ASSIGNMENT

Surveyor: **TAUFIKH**　　　DOI: 23/08/2022　　　Date / Time : 23/08/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SNC 1429J**	Claim No. : _____
Name of Insured : _____	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____

Excess Sec II :S$　　　　D.O.A : 23.08.2022　　　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**

SHC 1389L →　　　→　　　→

INSRS: WSP: **CDGE LOYANG** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time

SHC 1389L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date

CC3/AIG07001250/Vts 12/11/2007　SHC 1389L SBU 8383H 20/09/2007 14/11/2007 SCN
CC3/AIG09010543/Ywu1 06/08/2009　SHC 1389L SGA 2240Y 15/05/2009 07/08/2009 CPR
CC3/AIG11005551/H1ja3k2 15/08/2011　SHC 1389L SGK 8021X 24/03/2011 17/08/2011 NMK
CS/RSI10022437/Fvk1 08/12/2010　SHC 1389L SDX 3751Y 06/11/2010 17/12/2010 CMJ
CS/TMI16022128/H1vbn2 29/11/2016　SHC 1389L SKR 729G 19/11/2016 30/11/2016 CKI

SNC 1429J - X

STAGE	Created By	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: _____