15/5/2010

INS. CASE OWNER:

CC4/AIS22008725/Gea3

LKK:

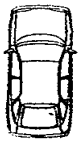
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: Date / Time : 06.09.2022

Registered in Merimen: 06.09.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 6269C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

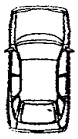
Excess Sec II :S$ D.O.A : 02.09.2022 Place of Accident :

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

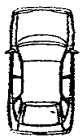
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

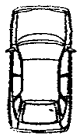
SHC 1333Y → → →



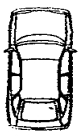
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHC 1333Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/AIG10017293/Dn1f2t2 18/11/2010 SHC 1333Y SGF 1276A 26/08/2010 20/11/2010 KWS
CC4/ASM21008052/Ags3q2 26/10/2021 SMM 304B SHC 1333Y 23/07/2021 28/10/2021 LSL
CC4/ASM22003817/Kga3q2 05/08/2022 YQ 1838H SHC 1333Y 25/04/2022 05/08/2022 HMK
CC6/III20006256/Ubs3q2 14/08/2020 GBG 4687G SHC 1333Y 08/06/2020 14/08/2020 KSL
NS/INC11010694/H1bn 09/06/2011 SHC 1333Y SJD 6462X 03/06/2011 10/06/2011 CYK
NS/INC18013246/K1sbn2 23/10/2018 SHC 1333Y SGJ 8130U 08/10/2018 24/10/2018 CKL
NS/INC22007938/Gc 19/08/2022 SHC 1333Y EM 8817E 15/08/2022 FWL
GBE 6269C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CI/TPD18001964/Zn 07/03/2018 GBE 6269C 03/11/2017 07/03/2018 NRH
CS/CTI21009743/Buce2 18/10/2021 SMX 1021C GBE 6269C 15/09/2021 19/10/2021 NWY

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:	