15/5/2010

INS. CASE OWNER:

CC3/CTI22008833/Gpa3

LKK:

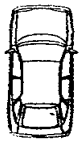
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 07/09/2022 Date / Time : 07/09/2022

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 3782T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

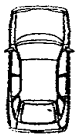
Excess Sec II :S$ D.O.A : 06/09/2022 Place of Accident :

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

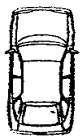
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

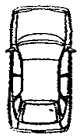
SHA 1476D → → →



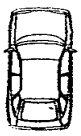
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHA 1476D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CC4/ASM18015674/K1ha3q2 25/10/2018 SHA 1476D SKK 6226M 25/08/2018 05/11/2018 HMK

CS/FCI14012495/H1tbu2 10/07/2014 SGE 5541M SHA 1476D 29/06/2014 11/07/2014 GKL

CS/FCI14012514/Uqbk3 24/07/2014 SGT 9582P SHA 1476D 29/06/2014 29/07/2014 CKL

CS/FCI18000239/K1tbn2 16/01/2018 SHB 8710B SHA 1476D 31/12/2017 16/01/2018 CKL

CS/MSG18018551/K1qbe2 19/11/2018 SHA 1476D SLG 6983U 10/10/2018 19/11/2018 HMK

CS3/ASM21003771/Gtf3e2 06/04/2021 FBP 8403K SHA 1476D 19/03/2021 10/04/2021 GST

CS3/FCI20012195/Avd3e2 27/11/2020 SKA 3349P SHA 1476D 03/11/2020 30/11/2020 NVT

SLW 3782T - 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:	