15/5/2010

INS. CASE OWNER:

CC4/AIS22009035/ea3

LKK:

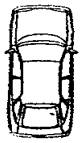
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 14/09/2022

Registered in Merimen: 14/09/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 6583G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 13/09/2022 09:45

Place of Accident : Asia Square Tower 1, 8 Marina View 018960 Drop off point

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

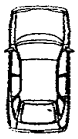
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

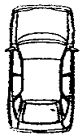
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

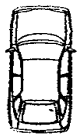
SHD 332B → _____ → _____ → _____



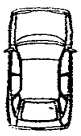
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHD 332B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
	CC3/AIG12000803/Ka2b1q2 19/06/2012 SHD 332B SJF 9139A 06/01/2012 26/06/2012 TJP	Non-Reporting ltr (2nd):	
	CC3/AXA14022528/K1ga3q2-1 29/07/2019 SHD 332B SKA 9987H 30/11/2014 05/08/2019 STU	Non-Reporting ltr (Final):	
	CC3/AXA14022528/K1ja3q2 13/08/2015 SHD 332B SKA 9987H 30/11/2014 18/08/2015 RMK	Notification ltr (if non-pickup):	
	CC3/GAI17001124/Kqh3n2 06/03/2017 SHD 332B GY 249K 13/01/2017 07/03/2017 CCY	Call OI:	
	CS/FCI10000958/Dfg1 10/02/2010 SHD 332B SHB 6360R 13/01/2010 10/02/2010 LPY	After call ltr to OI:	
SLW 6583G - X		**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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

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:	