15/5/2010

INS. CASE OWNER:

CC3/CTI22009493/Gea3

LKK:

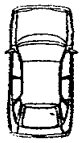
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 23/09/2022 Date / Time : 23/09/2022

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 3808K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

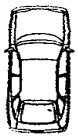
Excess Sec II :S$ D.O.A : 22/09/2022 21:10 Place of Accident :

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

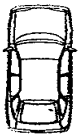
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

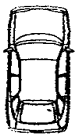
SHC 2233X → → →



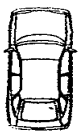
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	

SHC 2233X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/AIG11002655/Da2r1q2 30/07/2011 SHC 2233X SFQ 2504P 11/02/2011 04/08/2011 LSL
CC3/CTI21010505/Tes3q2 28/02/2022 SHC 2233X SJK 1345Y 10/10/2021 01/03/2022 LSL1
CC4/AXA15009408/H1pm3s2 30/12/2015 SHC 2233X SJT 9437R 03/06/2015 31/12/2015 BPL
CC4/III16023060/Upb3q2 11/01/2017 SLF 7029Z SHC 2233X 30/11/2016 12/01/2017 LSP
CC4/III19006523/R1pa3q2 03/12/2019 YP 7134X SHC 2233X 03/04/2019 03/12/2019 HMK
CC4/III19006523/R1pa3q2-1 27/07/2020 YP 7134X SHC 2233X 03/04/2019 28/07/2020 CHT
NS/INC10002155/Cg1 19/05/2010 SHC 2233X PA 8907L 01/02/2010 24/05/2010 CPH

GBK 3808K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
NS/INC20009278/T1qf3s2 07/09/2020 SHA 1206S GBK 3808K 28/08/2020 08/09/2020 LST1

Documentation Check List:	Handler	Typist
Collection Date/ Note/ Set-up:		
After Call In 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:		