15/5/2010

INS. CASE OWNER:

CC6/CTI22009800/Kpa3

LKK:

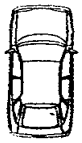
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 04/10/2022 Date / Time : 04/10/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 455B Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

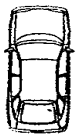
Excess Sec II :S$ D.O.A : 29/09/2022 15:57 Place of Accident :

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

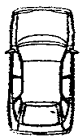
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

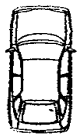
SJH 8966A → → →



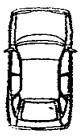
INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SJH 8966A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC7/AIG13015421/Ca3w2 28/08/2013 SFQ 6034C SJH 8966A 18/08/2013 29/08/2013 HMK			**STAGE** **DATE / PIC**
GBD 455B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/EGI17001687/K1gh3n2 11/04/2017 SHC 4223L GBD 455B 23/01/2017 11/04/2017 CCY			Non-Reporting ltr (1st):
			Non-Reporting ltr (2nd):
			Non-Reporting ltr (Final):
			Notification ltr (if non-pickup):
			Call OI:
	*CTI REPUDIATED CLAIM		After call ltr to OI:
	*SUBMIT WP REPORT TO CTI		**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: P/P	S$ $2,723.54 (5 days)	Reduction: 39 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
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~~ /WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $280.00
Total:	**S$**	**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:	