15/5/2010

INS. CASE OWNER: CC3/CTI22010236/Gpa3

LKK:

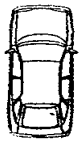
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 13/10/2022 Date / Time : 13/10/2022

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 1860J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

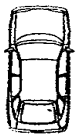
Excess Sec II :S$ D.O.A : 12/10/2022 15:25 Place of Accident :

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

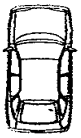
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

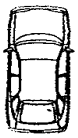
SHA 2572C → → →



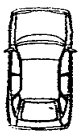
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHA 2572C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG11005692/H1a2u2q2 23/05/2011 SHA 2572C SGX 4474E 25/03/2011 26/05/2011 LSL
	CC3/CAI13017589/Yey3q2 27/01/2014 SHA 2572C SGH 8651T 20/09/2013 28/01/2014 KYS
	CS/III18009217/Asbn2 19/06/2018 SJZ 6323Z SHA 2572C 19/05/2018 19/06/2018 CKL
	CS3/III13017662/Gqm3k3 10/10/2013 SKG 1888G SHA 2572C 20/09/2013 10/10/2013 BPL
	CS3/III13017662/R1qm3d1-1 22/09/2014 SKG 1888G SHA 2572C 20/09/2013 24/09/2014 BPL
SLX 1860J -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	NBA/CTI21011205/Y 02/11/2021 MUHAMMAD SUFIYAN BIN MOHD HASHIM SLX 1860J SKV 5718 10/11/2021 10/11/2021 RBA

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:	