15/5/2010

INS. CASE OWNER:

CC3/CTI22010238/Gpa3

LKK:

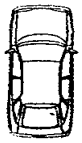
IDAC:

ASSIGNMENT

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

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YQ 1976S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

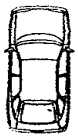
Excess Sec II :S$ D.O.A : 07/10/2022 14:20 Place of Accident :

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

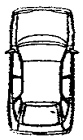
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

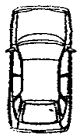
SHA 7721G → → →



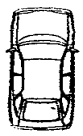
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHA 7721G -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	**DATE / PIC**
	CC3/EQI16007975/H1zb3q2 18/07/2016 SHA 7721G GBD 3369Y 28/04/2016 20/07/2016 LSP	Non-Reporting ltr (1st):
	CC3/III16017319/M1wb3q2 17/01/2018 SH 7706J SHA 7721G 11/09/2016 18/01/2018 LSH1	Non-Reporting ltr (2nd):
	CC4/III16013090/R1ub3q2 19/12/2016 SKU 7091A SHA 7721G 28/06/2016 21/12/2016 LSP	Non-Reporting ltr (Final):
	CI/TPD20009196/Pq 24/11/2020 SHA 7721G 18/06/2020 24/11/2020 SSC	Notification ltr (if non-pickup):
	CI2/III12015952/D 17/08/2012 SHA 3473Z SHA 7721G 28/04/2012 26/09/2012 NSW	Call OI:
	CS3/III19010435/T1cd3e2 01/07/2019 SMH 6553K SHA 7721G 08/06/2019 01/07/2019 NVT	After call ltr to OI:
YQ 1976S - X	CS3/III19010435/T1sd3e2-1 01/10/2020 SMH 6553K SHA 7721G 08/06/2019 06/10/2020 NVT	

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:	