15/5/2010

INS. CASE OWNER: LOH Cynthia

CC4/ASM22010304/pa3

LKK:

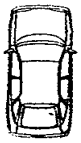
IDAC: 287115

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/10/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKK 3189G

Name of Insured : CHEN FUN GEE

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 13/10/2022 18:57

Is driver the owner? (YES / NO)

Claim No. : S2M04CW9

Policy No. : GA362167

Make / Model : BMW X1

Place of Accident : ALEXANDRA ROAD / HYDERABAD ROAD

Nature of Accident : _____

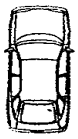
If **NO**, Driver Name / Age :

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

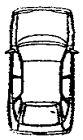
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

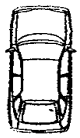
SHB 4451A → _____ → _____ → _____



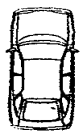
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHB 4451A -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CC3/AIG09027916/Cn1q1r1 27/01/2010 SHB 4451A SFN 900H 09/12/2009 01/02/2010 CPH	
	CC3/AXA12010330/H1edf1 03/07/2012 SHB 4451A SJE 4862H 22/05/2012 06/07/2012 CCL	
	NA/INC09024120/c2 27/10/2009 MUHAMMAD ARIF BIN MOHAMED SAHARI FY 9451U SHB 4451A 29/10/2009 29/10/2009 SW	
SKK 3189G -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CC6/AIG17018541/T1pb3q2 23/11/2017 SKK 3189G GBE 755E 23/09/2017 24/11/2017 LSR	
	CS/FCI17021822/T1vbe2 20/12/2017 SKK 3189G SH 8046Z 12/11/2017 21/12/2017 NVT	

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

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:	