15/5/2010

| INS. CASE OWNER: | **CC6/AIG22010425/pa3** | LKK: |
| | | IDAC: |

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **20.10.2022**

Registered in Merimen: **20.10.2022**

Pre-assign / CCU / FTE
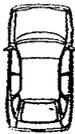
Insured Vehicle No.   :   **SMS 7893P**   Claim No.   :   _____

Name of Insured   :   _____   Policy No.   :   _____

Insured Tel No.   :   _____   HP: Make / Model   :   _____

Excess Sec II :S$ _____   D.O.A :   **17.10.2022 14:05**   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**

SKS 1352Y _____ ⟶ _____ _____ ⟶ _____ _____ ⟶ _____

INSRS: WSP: **CHENG HOE** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
SKS 1352Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		
CC3/AIG15018841/Fqbc2 19/02/2016 SKS 1352Y 03/11/2015 22/02/2016 CCY		
CC6/AIG16001216/Ujb3q2 14/03/2016 SGC 5069X SKS 1352Y 19/01/2016 15/03/2016 ISP		
CS/FCI16018897/M1qh3m2 18/11/2016 SKS 1352Y SHB 4873R 29/09/2016 18/11/2016 CCY		
SMS 7893P - X		

Created By	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: