15/5/2010

INS. CASE OWNER: CC6/CTI22010582/Upa3

LKK:

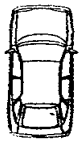
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 26.10.2022 Date / Time : 26.10.2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 7045G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

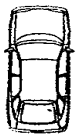
Excess Sec II :S$ D.O.A : 22/10/2022 12:17 Place of Accident :

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

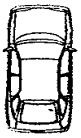
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

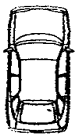
SMU 4180Y → → →



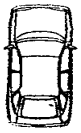
INSRS:
WSP: Euro Success
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMU 4180Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS/CTI22007344/Kqy3e2 29/08/2022 SKW 3485M SMU 4180Y 27/07/2022 30/08/2022 NMY
	CS/CTI22007350/Uvy3q2 11/08/2022 SMU 4180Y SKW 3485M 27/07/2022 11/08/2022 NMY
	CS/CTI22010558/Tny3 26/10/2022 SND 7752E SMU 4180Y 22/10/2022 SSC
	NA/CTI22007147/r3 27/07/2022 LEE HOCK JOO JIM SMU 4180Y SKW 3485M 27/07/2022 03/08/2022 SMI
	NBA/CTI22010528/Y 25/10/2022 LEE HOCK JOO JIM SMU 4180Y SND 7752E 22/10/2022 RBA
SMQ 7045G - X	

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