15/5/2010

INS. CASE OWNER:

CC3/AIG22011030/Kpa3

LKK:

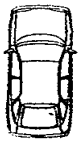
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: Date / Time : 04/11/2022

Registered in Merimen: 04/11/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SNF 9475G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

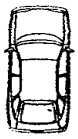
Excess Sec II :S$ D.O.A : 03/11/2022 17:20 Place of Accident : WOODLANDS AVE 12

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

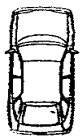
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

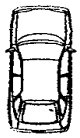
SHD 6044T → → →



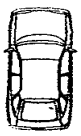
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHD 6044T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG11021432/R1sg2q2 11/06/2012 SHD 6044T SJJ 7099Z 14/10/2011 18/06/2012 MRB
	CC3/AIG12003578/R1sg2w2 03/05/2013 SHD 6044T SKB 6953U 16/02/2012 07/05/2013 MRB
	CC3/TMI14021720/K1gbd1 13/02/2015 SHD 6044T SJL 5925S 17/11/2014 16/02/2015 CKL
	CS1/TIT12014459/R1c 24/08/2012 SHD 6044T 11/07/2012 30/08/2012 MRB
	NA/INC16004128/d2 03/03/2016 PO SENG HWA GBC 7727B SHD 6044T 03/03/2016 04/03/2016 NLS
	NS/INC18008669/Srbs2 19/06/2018 SHD 6044T SLM 7007A 08/05/2018 20/06/2018 CKL
SNF 9475G - X	

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:	