15/5/2010

INS. CASE OWNER:

CC3/CTI22011840/Gpa3

LKK:

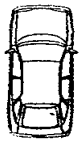
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 21.11.2022 Date / Time : 21.11.2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 1616L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

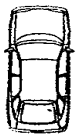
Excess Sec II :S$ D.O.A : 17.11.2022 18:20 Place of Accident :

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

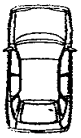
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

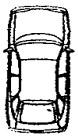
SHB 6629S → → →



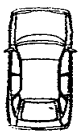
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHB 6629S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CC3/AIG08013749/VDn 02/06/2008 SHB 6629S SGP 7804J 02/05/2008 02/06/2008 TFC
CC3/AIG10005437/Fn1f2k2 26/07/2010 SHB 6629S SFD 5020S 16/03/2010 27/07/2010 KWS
CC3/CTI21000170/T1ra3q2 11/05/2021 SHB 6629S GBC 8778Y 29/12/2020 18/05/2021 HMK
CC3/III20013538/T1pa3q2 16/02/2021 SHB 6629S GBG 9593K 06/12/2020 17/02/2021 NVT
CC4/EGI19010307/K1hb3q2 09/09/2019 SHB 6629S YP 9713L 05/06/2019 09/09/2019 SP
CS/FCI09004842/Kfr1 05/03/2009 SHD 2261J SHB 6629S 02/03/2009 06/03/2009 LPY
CS/FCI16019241/T1th3q2 30/03/2017 SKU 2691B SHB 6629S 06/10/2016 31/03/2017 CCY
CS/SMO19010169/K1vd3n2 17/06/2019 SHB 6629S FBG 1860S 05/06/2019 18/06/2019 LST

PC 1616L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CC6/CTI15017487/M1hg3q2 17/12/2015 PC 1616L SGC 5013G 12/10/2015 21/12/2015 LSH1
CS3/INC12005904/Kfn 03/05/2012 SJC 1880K PC 1616L 22/03/2012 03/05/2012 LYT

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:	