15/5/2010

INS. CASE OWNER:

CC3/CTI22012047/Spa3

LKK:

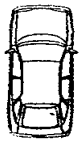
IDAC:

ASSIGNMENT

Surveyor: IRFAN DOI: 16.11.2022 Date / Time : 16.11.2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : CB 7050M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

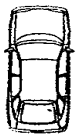
Excess Sec II :S$ D.O.A : 15.11.2022 Place of Accident :

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

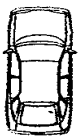
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

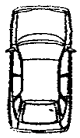
SHC 3137J → → →



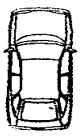
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHC 3137J - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CC3/CTI18020209/K1hb3q2 13/12/2018 SHC 3137J SLD 217D 03/11/2018 13/12/2018 LSP

CS/FCI17013361/Kvbe2 10/08/2017 GBD 1718L SHC 3137J 08/03/2017 11/08/2017 CKL

CS/FCI19017629/Eqd3n2 29/10/2019 SGD 4592C SHC 3137J 03/10/2019 29/10/2019 NVT

CS/MSG19017637/Dyd3e2 12/11/2019 SHC 3137J SLK 4243P 03/10/2019 13/11/2019 NVT

CS3/FCI12017329/M1y1d1 10/09/2012 SJK 7910B SHC 3137J 01/09/2012 12/09/2012 YCC

CS3/FCI12017329/M1y1d1-1 12/12/2012 SJK 7910B SHC 3137J 01/09/2012 26/12/2012 YCC

CS3/FCI19006393/Ecd3e2 22/04/2019 SLR 9773G SHC 3137J 08/04/2019 22/04/2019 LST

NA/TMI17004899/r3 10/03/2017 TAN SIEW CHING GBD 1718L SHC 3137J 08/03/2017 13/03/2017 RBW

NS/INC09027373/Cn 25/12/2009 SHC 3137J GU 1577C 03/12/2009 29/12/2009 CPH

CB 7050M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CS/AWA16023119/M1tbe2 30/10/2017 CB 7050M SGM 4480U 30/11/2016 31/10/2017 CKL

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