15/5/2010

INS. CASE OWNER:

CC4/AIS22012691/pa3

LKK:

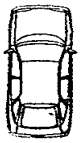
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16.12.2022

Registered in Merimen: 20.12.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH 5565H

Name of Insured : 3S BROTHERS TRADING

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 16/12/2022 08:45

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : LIM MENG YEW

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : Honda Freed

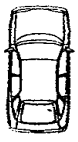
Place of Accident : PIE TOWARDS TUAS

Nature of Accident : _____

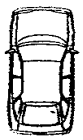
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

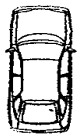
SH 9120K → _____ → _____ → _____



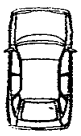
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SH 9120K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/LCR18007521/K1jb3q2 15/05/2018 SH 9120K SLE 6097M 20/04/2018 15/05/2018 LSP
	CS/ASM22012645/Aqp3 19/12/2022 SMH 5565H SH 9120K 16/12/2022 RAP
	CS/TMI22012240/Nvy3 07/12/2022 SH 9120K SLP 4936Y 06/12/2022 NMY
	CS3/FCI16004971/M1gh3c2 21/03/2016 FZ 5473C SH 9120K 11/03/2016 22/03/2016 CCY
	CS3/FCI18012591/Gz4d3s2 24/07/2018 SLB 1437P SH 9120K 07/07/2018 27/07/2018 NWT
SMH 5565H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS/ASM22012645/Aqp3 19/12/2022 SMH 5565H SH 9120K 16/12/2022 RAP
	*Rejected 3rd party claim as per AIS instruction.
	*SUBMIT WP TO AIS

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: L/SUM S$ 1,250.00 (2 days) Reduction: 66 % 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~~/WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**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:	