15/5/2010

INS. CASE OWNER:

CC3/AIG22012965/Kpa3

LKK:

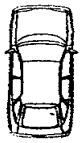
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 22/12/2022 Date / Time : 22/12/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 407R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

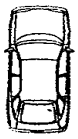
Excess Sec II :S$ D.O.A : 21.12.2022 Place of Accident :

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

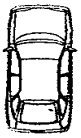
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

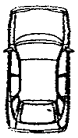
SHD 495P → → →



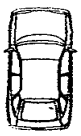
INSRS:
WSP: TRANS-
Tel : CAB
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHD 495P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	**STAGE** **DATE / PIC**
	CC3/AIG19020572/Kka3s2 03/11/2020 SHD 495P SMG 2146J 15/11/2019 04/11/2020 LSP	Non-Reporting ltr (1st):
	CC3/AXA13013694/Kh2y3c3 12/12/2013 SHD 495P FJ 630H 25/07/2013 13/12/2013 KYS	Non-Reporting ltr (2nd):
	CC3/FCI15009432/Kgbk3 12/06/2015 SHD 495P SHD 491A 09/03/2015 15/06/2015 FWL	Non-Reporting ltr (Final):
	CS/FCI12003164/Ky1s2 21/03/2012 SHB 8811T SHD 495P 11/02/2012 23/03/2012 YEC	Notification ltr (if non-pickup):
SMV 407R - X	CS/TP12003412/Ky1 02/05/2012 SHD 495P 11/02/2012 04/05/2012 FWL	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:	