15/5/2010

INS. CASE OWNER:

CC4/AIS23000367/pa3

LKK:

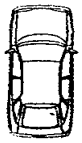
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 10.01.2023

Registered in Merimen: 11.01.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SNE 7580D

Name of Insured : JACK CARS LEASING AND RENTAL PL

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 10/01/2023 11:20

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : Stadium Dr, Singapore TOWARDS NICHOLL HIGHWAY

Nature of Accident : _____

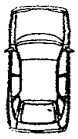
If **NO**, Driver Name / Age :

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

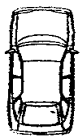
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

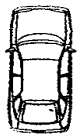
SHC 1122P → _____ → _____ → _____



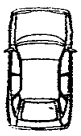
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHC 1122P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		
	CC3/AIG10018969/Dn1f2v2 10/12/2010 SHC 1122P SJX 4378P 14/09/2010 13/12/2010 KWS	Non-Reporting ltr (1st):	
	CC4/III17009602/K1ub3s2 02/11/2017 SLE 6465J SHC 1122P 09/05/2017 03/11/2017 LSH	Non-Reporting ltr (2nd):	
	CC6/III16000620/K1hv3q2 03/02/2016 GZ 8772H SHC 1122P 02/10/2015 04/02/2016 LW	Non-Reporting ltr (Final):	
	CC6/III18002234/Apb3q2 09/10/2019 SKF 949B SHC 1122P 31/01/2018 09/10/2019 LSH	Notification ltr (if non-pickup):	
	CC6/TP16003608/Kjb3 16/03/2016 SJK 2729S SHC 1122P 04/02/2016 17/03/2016 LSH	Call OI:	
	NA/QBE18002059/h4 01/02/2018 TAN KIM IN SKF 949B SHC 1122P 31/01/2018 07/02/2018 LSH	After call ltr to OI:	
SNE 7580D - X		**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:		