15/5/2010

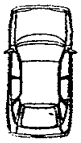
INS. CASE OWNER: SHERINI | CC4/III23000445/pa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13.01.2023

Registered in Merimen: 12.01.2023 BY WKSP

Pre-assign / CCU / FTE



Insured Vehicle No. : SNE 2C | Claim No. : _____

Name of Insured : _____ | Policy No. : _____

Insured Tel No. : _____ HP: _____ | Make / Model : _____

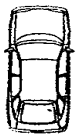
Excess Sec II :S$ _____ D.O.A : 12/01/2023 12:10 | Place of Accident : Bencoolen St, Singapore

Is driver the owner? (YES / NO) | Nature of Accident : TOWARDS FORT CANNING ROAD

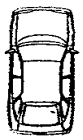
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

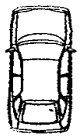
SH 7751C → _____ → _____ → _____



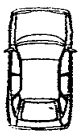
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SH 7751C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~CC3/AIG09017315/Cn1j 19/11/2009 SH 7751C GBB 3383R 02/08/2009 23/11/2009 CPH~~ ~~CC3/LCR18007219/K1wa3q2 07/08/2018 SH 7751C SLJ 2991G 16/04/2018 11/08/2018 HMK~~ ~~CS/INC08030089/Scz1 12/11/2008 SH 7751C SJJ 1886H 22/10/2008 17/11/2008 FWL~~ ~~NS/INC22003332/Vqy3e2 06/06/2022 SH 7751C GBK 3991M 08/04/2022 06/06/2022 NM~~
SNE 2C - X	

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:	