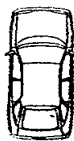


INS. CASE OWNER:

IDAC:

ASSIGNMENTSurveyor: **KENNETH**DOI: **12.01.2023**Date / Time : **12.01.2023**Registered in Merimen: **19.01.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKQ 6794H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **10.01.2023 20:10**

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

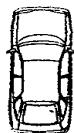
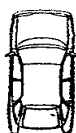
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHD 378UINSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	STAGE	DATE / PIC
SHD 378U	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AXA120120684/11/10/2012 SHD 378U SGD 6431X 18/06/2012 17/10/2012 CXC CC4/ASM22004467/11/05/2022 SKE 2552D SHD 378U 11/05/2022 19/08/2022 HMK NSA/AIG220044347/11/05/2022 DANIEL HENG CHOR TONG (WANG CHUDONG) SKE 2552D SHD 378U 11/05/2022 19/05/2022 RBA	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
SKQ 6794H	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/AIG22003702/Upa3q2 28/10/2022 SJZ 204Z SKQ 6794H 21/04/2022 28/10/2022 HMK	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: _____		