15/5/2010

INS. CASE OWNER:

CC3/AIG23001189/Kpa3

LKK:

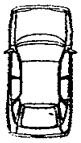
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 01/02/2023 Date / Time : 01/02/2023

Registered in Merimen: 05/02/2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SJK 2915X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

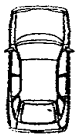
Excess Sec II :S$ D.O.A : 31.01.2023 13:04 Place of Accident :

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

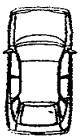
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

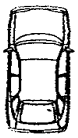
SHD 189Z → → →



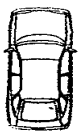
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHD 189Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/QBE17018380/Kdb3s2 05/11/2019 SHD 189Z GBD 8443H 18/09/2017 05/11/2019 HMK

SJK 2915X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC6/AIG23001429/Apa3 10/02/2023 GBF 1507T SJK 2915X 31/01/2023 HMK
CS/TP13008004/Rck3 21/06/2013 SJK 2915X 03/05/2010 26/06/2013 MRB
CS3/MSG15020026/M1gh3d1-1 06/04/2016 SKF 2593E SJK 2915X 21/11/2015 07/04/2016 CCY
CS3/MSG15020026/R1gbd1 27/11/2015 SKF 2593E SJK 2915X 21/11/2015 01/12/2015 CCY

	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
After call ltr to 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:		