15/5/2010

INS. CASE OWNER: TEO Kitty

CC4/ASM23002949/pa3

LKK:

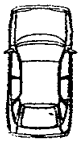
IDAC: 306847

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 22/03/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJZ 6757E

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 22/03/2023

Is driver the owner? (YES / NO)

Claim No. : S3M04KQF

Policy No. : GA568752

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

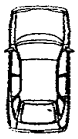
If **NO**, Driver Name / Age :

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

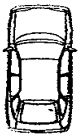
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

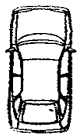
PC 7262J → _____ → _____ → _____



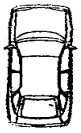
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
PC 7262J -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/CTI20003864/Fea3q2 04/05/2020 SHA 5187L PC 7262J 09/03/2020 15/05/2020 DBR CC6/CTI19020384/Uea3n2 25/03/2020 GBE 1814L PC 7262J 18/11/2019 25/03/2020 HMK CS/CTI19017319/Ksd3n2 18/10/2019 SLQ 805M PC 7262J 30/09/2019 18/10/2019 NVT NA/CTI19017133/h4 30/09/2019 HARON BIN CHE MOHAMED PC 7262J SLQ 805M 30/09/2019 03/10/2019 LSH NA/CTI19021175/z4 02/12/2019 HARON BIN CHE MOHAMED PC 7262J GBE 1814L 18/11/2019 02/12/2019 HZT NA/CTI20003829/h4 10/03/2020 HARON BIN CHE MOHAMED PC 7262J SHA 5187L 09/03/2020 13/03/2020 LSH NA/INC19011564/h4 01/07/2019 HARON BIN CHE MOHAMED PC 7262J FBK 7575E 06/05/2019 05/07/2019 LSH	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (final):	
		Notification ltr (if non-pickup):	
SJZ 6757E -X		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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

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:	