15/5/2010

INS. CASE OWNER:

CC3/CTI23003155/Npa3

LKK:

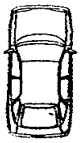
IDAC:

ASSIGNMENT

Surveyor: NAZ DOI: 15/03/2023 Date / Time : 15/03/2023

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 8215J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

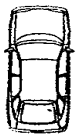
Excess Sec II :S$ D.O.A : 14.03.2023 17:25 Place of Accident :

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

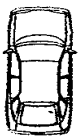
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

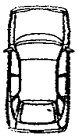
SHC 7251K → → →



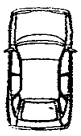
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHC 7251K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG14020460/H1ze3w2 16/12/2014 SHC 7251K SKL 2345Z 29/10/2014 17/12/2014 LSL1 CS/FCI15002977/R1gy3d1 02/04/2015 SGD 4083E SHC 7251K 13/02/2015 07/04/2015 FWL CS/FCI17010131/T1gh3n2 20/07/2017 SLG 765Y SHC 7251K 22/05/2017 20/07/2017 CCL CS/INC09012544/Ypn 05/07/2009 SHC 7251K SBT 3673J 03/06/2009 03/07/2009 CLZ NS/INC13006633/H1tn 17/04/2013 SHC 7251K GR 6201U 08/04/2013 17/04/2013 TKC1 NS/INC14003849/Etbc3 13/03/2014 SHC 7251K SFR 1439X 25/02/2014 17/03/2014 CKL		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
GBG 8215J - X		After call ltr to OI:	
		Documentation Check List:	**Handler** **Typist**
	*CTI Repudiated Case	Notification ltr (if non-pickup)	
	*Submit WP to CTI	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: L/SUM	S$ 6,000.00 (4 days)	Reduction: 34 %	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~~ /WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $280.00
Total:	**S$**	**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:	