15/5/2010

INS. CASE OWNER:

CC3/CTI23003301/Tpa3

LKK:

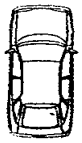
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 29.03.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 8679J Claim No. : _____

Name of Insured : _____ Policy No. : _____

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

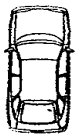
Excess Sec II :S$ _____ D.O.A : 27/03/2023 17:01 Place of Accident : 10 Kranji Rd - BS 45139 (KRANJI STN)

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

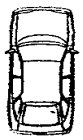
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

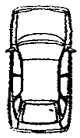
SMB 159L → _____ → _____ → _____



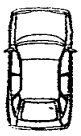
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMB 159L -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/CTI16006423/K1yb3n2 08/12/2017 SMB 159L SGN 9488K 25/12/2014 08/12/2017 LSP CC3/LIP12002513/R1qm 21/03/2012 SMB 159L GV 9403M 02/02/2012 28/03/2012 MRB CC3/TMI12002515/R1vn 21/02/2012 SMB 159L SJA 7476R 02/02/2012 24/02/2012 MRB CS/SMR22012761/Tvy3 21/12/2022 SJE 7640L SMB 159L 19/12/2022 NMY NA/LIP12008715/s2 02/05/2012 RENGASAMY AZHAGARSAMY GV 9403M SMB 159L 02/03/2012 07/05/2012 SLK NBA/CTI23003112/Y 27/03/2023 CHUE YOCK CHIN PC 8679J SMB 159L 27/03/2023 29/03/2023 RBA NS/INC23000186/Tvp3e2 31/01/2023 SMB 159L SJE 7640L 19/12/2022 31/01/2023 RAP
PC 8679J -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC2/MIDA22001281/p 10/02/2022 PC 8679J MID 21976 18/01/2022 23/11/2022 CHT NBA/CTI23003112/Y 27/03/2023 CHUE YOCK CHIN PC 8679J SMB 159L 27/03/2023 29/03/2023 RBA

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:	