15/5/2010

INS. CASE OWNER: CC3/AIG23003660/Kya3 LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: Date / Time : 10/04/2023

Registered in Merimen: 10/04/2023

Pre-assign / CCU / FTE

Insured Vehicle No. : SNA 9600M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 06/04/2023 17:05 Place of Accident : Whitley Rd, Singapore

Is driver the owner? (YES / NO) Nature of Accident : SLIP RD OF WHITLEY RD TOWARDS THOMSON RD

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**

SHB 1222P → → →

INSRS: WSP: STRIDES Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			
SHB 1222P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NS/INC22000711/Rtce2 29/03/2022 SHB 1222P SMD 4748A 16/01/2022 29/03/2022 FWL		**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
SNA 9600M - X		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:	☐
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:	