15/5/2010

INS. CASE OWNER:

CC4/LPC23004181/Rpa3

LKK:

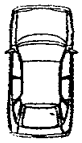
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 21.04.2023 Date / Time : 21.04.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 588R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

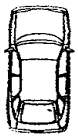
Excess Sec II :S$ D.O.A : 20.04.2023 11:10 Place of Accident : PIE

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

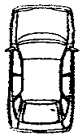
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

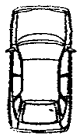
SNC 3631C → → →



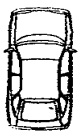
INSRS:
WSP: C & C
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SNC 3631C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
NA/LPC23004108/d4 21/04/2023 PATHIE BIN ABDUL GHANI PC 588R SNC 3631C 20/04/2023 21/04/2023 NVT

PC 588R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC4/LPC23003578/ya3 06/04/2023 GBL 846P PC 588R 27/03/2023 HMK
CS/III23003362/y3 31/03/2023 PC 588R GBL 846P 27/03/2023 NMY
CS3/INC12003541/Uqd1 08/05/2012 PC 588R YK 5272U 04/02/2012 22/05/2012 SSC
NA/LPC23003223/d4 29/03/2023 PATHIE BIN ABDUL GHANI PC 588R GBL 846P 27/03/2023 30/03/2023 NVT
NA/LPC23004108/d4 21/04/2023 PATHIE BIN ABDUL GHANI PC 588R SNC 3631C 20/04/2023 21/04/2023 NVT
NBA/FCI13019482/s4 18/10/2013 KOH SOON KIM GP 8588B PC 588R 17/10/2013 22/10/2013 SAM

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

Documentation Checklist:	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:	