15/5/2010

INS. CASE OWNER:

CC6/AIG23004767/Uya3

LKK:

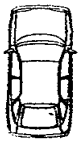
IDAC:

## ASSIGNMENT

Surveyor: MARCUS DOI: 10/05/2023 Date / Time : 10/05/2023

Registered in Merimen: 10/05/2023

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMM 8074L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

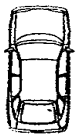
**Excess Sec II :S$** D.O.A : 08/05/2023 Place of Accident :

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

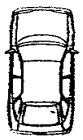
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

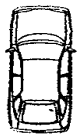
SKX 2968M → → →



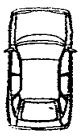
INSRS:
WSP: HUP MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | |
|---|---|---|
| SKX 2968M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By | | **STAGE** **DATE / PIC** |
| | CC6/LPC19015822/Uda3n2 22/10/2019 SKX 2968M GBH 5885P 04/09/2019 22/10/2019 HMK | Non-Reporting ltr (1st): |
| SMM 8074L - 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: | |