15/5/2010

INS. CASE OWNER: CC6/CTI23004830/Kya3

LKK:

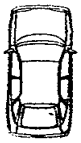
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 05.05.2023 Date / Time : 05.05.2023

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SNC 9532R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

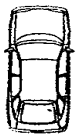
Excess Sec II :S$ D.O.A : 29.04.2023 14:25 Place of Accident :

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

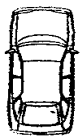
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

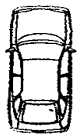
SGD 9090B → → →



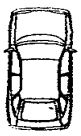
INSRS:
WSP: CITY AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SGD 9090B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~CC3/AIG15004858/Kna3n2 19/08/2015 SHD 9914M SGD 9090B 17/02/2015 20/08/2015 HMK~~ ~~CC7/AIG11008944/Apb3y 24/01/2013 SJZ 2876X SGD 9090B 09/05/2011 25/01/2013 HMK~~ NA/CAI14010098/d2 29/05/2014 LIM CHIN KEONG SGD 9090B SDE 3777Z 27/05/2014 03/06/2014 NLS ~~NA/CTI23004504/d4 04/05/2023 MOHD FIROS BIN JAMALUDIN SNC 9532R SGD 9090B 29/04/2023 05/05/2023 NVT~~
SNC 9532R -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/CTI22012430/Aqp3q2 02/03/2023 SKU 6117S SNC 9532R 07/12/2022 03/03/2023 RAP NA/CTI22012301/r3 08/12/2022 MOHD FIROS BIN JAMALUDIN SNC 9532R SKU 6117S 07/12/2022 28/12/2022 RBW NA/CTI23004504/d4 04/05/2023 MOHD FIROS BIN JAMALUDIN SNC 9532R SGD 9090B 29/04/2023 05/05/2023 NVT

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:		