15/5/2010

INS. CASE OWNER:

CC3/CTI23005114/Sya3

LKK:

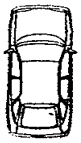
IDAC:

ASSIGNMENT

Surveyor: IRFAN DOI: 03/05/2023 Date / Time : 03/05/2023

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SGY 3550U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

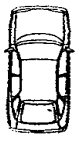
Excess Sec II :S$ D.O.A : 30.04.2023 Place of Accident :

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

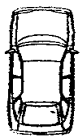
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

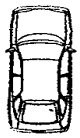
SHD 3116P → → →



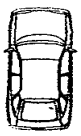
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHD 3116P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG16013804/H1hg3q2 24/12/2016 SHD 3116P SJC 5497H 22/07/2016 27/12/2016 LSH CC4/AXA16003956/H1hg3q2 16/06/2016 SHD 3116P SJF 4544X 28/02/2016 17/06/2016 LSH CS/FCI18010992/R1vbn2 14/08/2018 SLS 1739D SHD 3116P 12/06/2018 14/08/2018 CKL CS3/ASM22009792/Gwy3m4 10/10/2022 SJR 7133R SHD 3116P 23/09/2022 10/10/2022 RAP NS/INC16024197/H1qbm2 10/01/2017 SHD 3116P SJF 6214K 15/12/2016 13/01/2017 CKL
SGY 3550U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/AIG13008607/H1g2a3y 28/05/2013 PA 7932U SGY 3550U 09/05/2013 29/05/2013 HMK CS/TP15014614/Atbn2 18/12/2015 SGY 3550U 24/08/2015 18/12/2015 CKL

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:	