15/5/2010

INS. CASE OWNER:

CC3/CTI23005510/Tya3

LKK:

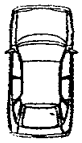
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 29/05/2023 Date / Time : 29/05/2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBL 5418J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

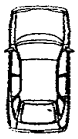
Excess Sec II :S$ D.O.A : 26.05.2023 16:00 Place of Accident :

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

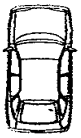
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

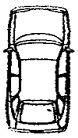
SHC 2782C → → →



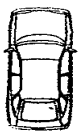
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHC 2782C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG10012225/Fn1f2q2 01/09/2010 SHC 2782C SFC 947G 21/06/2010 08/09/2010 KWS CC6/III16021364/Uwb3s2 23/02/2017 SJH 1527E SHC 2782C 04/11/2016 24/02/2017 LSP NS/INC15005772/H1qy3k3 10/04/2015 SHC 2782C SBV 799P 02/04/2015 13/04/2015 KYS
GBL 5418J - X	

Solicitor:			
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:		