15/5/2010

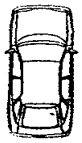
INS. CASE OWNER: SUNDARI | CC4/III23005642/Nya3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 05.06.2023

Registered in Merimen: 05.06.2023 by wksp

Pre-assign / CCU / FTE



Insured Vehicle No. : SMZ 2093C | Claim No. : _____

Name of Insured : _____ | Policy No. : _____

Insured Tel No. : _____ HP: _____ | Make / Model : _____

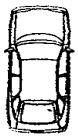
Excess Sec II :S$ _____ D.O.A : 02/06/2023 11:50 | Place of Accident : 39 Scotts Rd, Singapore 228230

Is driver the owner? (YES / NO) | Nature of Accident : TOWARDS SCOTTS ROAD

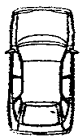
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

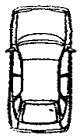
SHB 4140Y → _____ → _____ → _____



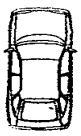
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMZ 2093C - X	
SHB 4140Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CB/AIG09026405/a 23/11/2009 SHB 4140Y SFN 4235T 03/04/2006 24/11/2009 LMK CC3/AXA13017780/Ypm3u2 27/05/2014 SHB 4140Y SKK 725D 19/09/2013 29/05/2014 BPL CC4/FCI20005741/Dea3q2 23/09/2020 SHB 4140Y SHD 3307E 12/05/2020 24/09/2020 DBR CS/FCI17002429/Kqbn2 10/03/2017 SGV 646M SHB 4140Y 03/02/2017 13/03/2017 CKL NA/INC11022351/w1 01/11/2011 WALL CAROL ANNE SJP 6124J SHB 4140Y 01/11/2011 03/11/2011 LCH NA/MSG13006156/e1 03/04/2013 GEEVA S/O JADAKATULLAH GY 340D SHB 4140Y 22/03/2013 05/04/2013 NBS

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:	