			LKK:
INS. CASE OWNER:		CC3/CTI23006227/Tpa3	IDAC:

ASSIGNMENT

Surveyor: **TAUFIKH**   DOI: 13/06/2023   Date / Time : 13/06/2023

Registered in Merimen: ————

Pre-assign / CCU / FTE

Insured Vehicle No.   : **SLX 4168E**   Claim No.   : _____

Name of Insured   : _____   Policy No.   : _____

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

Excess Sec II :S$ _____   D.O.A : 13/06/2023 09:45   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**

SHB 3645P ———→ _____ ———→ _____   _____ ———→ _____

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

Date/ Time			DATE / PIC
SHB 3645P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	STAGE	
	CC3/AIG16008556/H1eg3n2 20/07/2016 SHB 3645P SKU 9603K 08/05/2016 21/07/2016 LSH1	Non-Reporting ltr (1st):	
	CS/FCI12007828/H1vk3 01/06/2012 SHB 3645P 15/04/2012 05/06/2012 CMJ	Non-Reporting ltr (2nd):	
	CS/FCI16014081/Gvbn2 27/12/2016 SDQ 278D SHB 3645P 26/07/2016 07/03/2017 CKL	Notification ltr (Final):	
	NA/INC10028035/w1 16/11/2010 TAN CHEE SENG SFG 2980A SHB 3645P 15/11/2010 23/11/2010 LCH	Notification (if non-pickup):	09/04/2010 LLL
	NJA/MSG10005982/k1 27/03/2010 SURNI BIN MOHAMED YL 4964H SHB 3645P 26/03/2010	Call OI:	
	NS/INC15001970/H1gbk3 12/02/2015 SHB 3645P SGL 9049E 28/01/2015 12/02/2015 CKL		
SLX 4168E - X		After call ltr to OI:	

Documentation Check List: **Handler**   **Typist**

	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:	