15/5/2010

INS. CASE OWNER:

CC6/CTI23006307/Apa3

LKK:

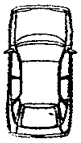
IDAC:

## ASSIGNMENT

Surveyor: ADRIAN DOI: 19.06.2023 Date / Time : 19.06.2023

Registered in Merimen: ———

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMP 1366A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

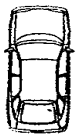
**Excess Sec II :S$** D.O.A : 16/06/2023 13:40 Place of Accident : AYE, Singapore

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

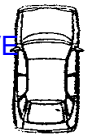
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

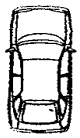
GX 9699R → → →



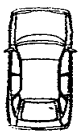
INSRS:
WSP: LC AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---|---|---|---|
| GX 9699R - | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By<br>CC4/ASM18006688/Ahb3q2 11/10/2018 GX 9699R SLK 6594M 09/04/2018 17/10/2018 LSP<br>CC4/ASM19008804/Apb3q2 17/09/2019 GX 9699R FBN 7858Z 12/05/2019 20/09/2019 LSP | Non-Reporting ltr (1st): | |
| | | Non-Reporting ltr (2nd): | |
| SMP 1366A - X | | 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: | ☐ |
| **PRELIMINARY ADVICE** | Date/Time: Sent By: | Post-Repair Photos: | ☐ ☐ |
| | | Others: | ☐ ☐ |

| | | | |
|---|---|---|---|
| **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: | |