15/5/2010

INS. CASE OWNER:

CC3/CTI23006494/Tya3

LKK:

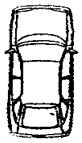
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 26.06.2023 Date / Time : 26.06.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMS 7727L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

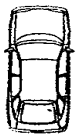
Excess Sec II :S$ D.O.A : 24.06.2023 03:55 Place of Accident :

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

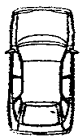
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

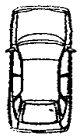
SHC 8790P → → →



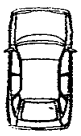
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHC 8790P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		**DATE / PIC**
CC3/TMI16011198/H1tbc2 05/07/2016 SHC 8790P GBB 7608S 15/06/2016 08/07/2016 CKL		Non-Reporting ltr (1st):
CS/FCI13007719/Ry1k3 03/05/2013 SGB 2883L SHC 8790P 20/03/2013 08/05/2013 YCC		Non-Reporting ltr (2nd):
CS/FCI18016541/Kvd3n2 19/09/2018 QY 78T SHC 8790P 06/09/2018 20/09/2018 NVT		Non-Reporting ltr (Final):
CS3/FCI20004128/Kqf3e2 11/08/2020 WD 22T SHC 8790P 13/03/2020 14/08/2020 DBR		Notification ltr (if non-pickup): 20/12/2018 26/12/2018 HZT
NA/INC18022944/z4 21/12/2018 NUR IZZAD BIN NOORGHANI SLS 4454E SHC 8790P 20/12/2018 26/12/2018 HZT		Call OI:
NS/INC13005886/M1tk3 19/04/2013 SHC 8790P SFC 5648L 20/03/2013 19/04/2013 TKC1		After call ltr to OI:
SMS 7727L - X		**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:	