15/5/2010

INS. CASE OWNER:

CC3/CTI23006651/pa3

LKK:

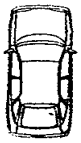
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03.07.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SGL 5880Y

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A :

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

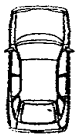
Place of Accident :

Nature of Accident :

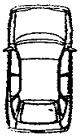
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

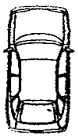
SMB 1635Y → → →



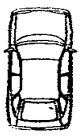
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SMB 1635Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			**STAGE** **DATE / PIC**
CC3/FCI15011675/Kvbd1 16/07/2015 SHB 7739B SMB 1635Y 10/05/2015 21/07/2015 CKL			Non-Reporting ltr (1st):
SGL 5880Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			Non-Reporting ltr (2nd):
CS/GAI18014146/Utd3e2 11/01/2019 SLX 3571E SGL 5880Y 16/07/2018 15/01/2019 NVT			Non-Reporting ltr (Final):
NA/CTI21004862/h4 19/04/2021 POH BQN SGL 5880Y SJL 9149P 18/04/2021 26/04/2021 LSH			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:	