15/5/2010

INS. CASE OWNER:

CC3/CTI23007123/Tpa3

LKK:

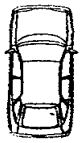
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 12/07/2023 Date / Time : 12/07/2023

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : YJ 9966E Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

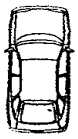
Excess Sec II :S$ D.O.A : 10/07/2023 Place of Accident :

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

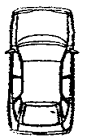
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

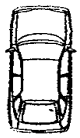
SHA 1695M → → →



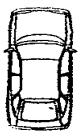
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SHA 1695M -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		**STAGE** **DATE / PIC**
	~~CC3/III20005245/T1ds3s2 16/09/2020 SDW 74T SHA 1695M 15/04/2020 16/09/2020 LSL1~~		Non-Reporting ltr (1st):
	~~CC4/HSB23007043/Apa3 12/07/2023 SKR 7927E SHA 1695M 10/07/2023 HMK~~		Non-Reporting ltr (2nd):
	~~CS/AGI21009894/Dqf3n2 24/05/2022 SHA 1695M SME 1454L 21/09/2021 25/05/2022 SST~~		Non-Reporting ltr (Final):
	~~CS/III17024498/Uvbn2 08/01/2018 SKG 3958A SHA 1695M 21/12/2017 09/01/2018 CKI~~		Notification ltr (if non-pickup):
	~~NS/INC16023874/H1gh3n2 09/01/2017 SHA 1695M SJB 6888L 12/12/2016 09/01/2017 SCH~~		Call OI:
	~~NS/INC20011528/Esd3e2 16/11/2020 SHA 1695M SLD 9665J 19/10/2020 17/11/2020 NVT~~		After call ltr to OI:
YJ 9966E - 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:	