15/5/2010

INS. CASE OWNER:

CC6/AIG23007135/pa3

LKK:

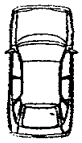
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 14.07.2023

Registered in Merimen: 14.07.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SBM 11B

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

D.O.A : 21.06.2023

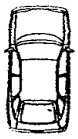
Place of Accident :

Nature of Accident :

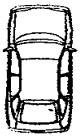
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

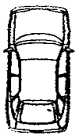
SGK 6873S → → →



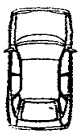
INSRS:
WSP: RYDER AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SGK 6873S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/ASM18012957/Aes3q2 28/03/2021 SGK 6873S SKG 6682A 14/07/2018 05/04/2021 LSP CC6/CTI22003060/Aya3q2 02/05/2023 SGK 6873S SKQ 541K 30/03/2022 HMK NBA/INC15008105/e1 14/05/2015 LOW MUN WAH FT 333M SGK 6873S 01/05/2015 20/09/2015 NBS	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
SBM 11B - 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:		
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:		