15/5/2010

INS. CASE OWNER:

CC3/CTI23007184/Kya3

LKK:

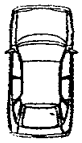
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 14/07/2023 Date / Time : 14/07/2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKS 4049D Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

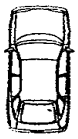
Excess Sec II :S$ D.O.A : 27/05/2023 13:38 Place of Accident :

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

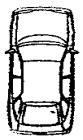
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

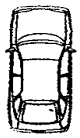
SHC 5512X → → →



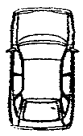
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHC 5512X -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CA/AIG11003726/c2 28/02/2011 OH WEIWEI SGW 6445G SHC 5512X 26/02/2011 03/03/2011 SW	
	CC4/AXA16024867/Dpa3q2 27/04/2017 SKL 8900G SHC 5512X 22/12/2016 03/05/2017 HMK	
	CS3/ASM19000119/Bcbe2 16/01/2019 SKB 7225G SHC 5512X 31/12/2018 16/01/2019 CKL	
	CS3/ASM19000119/Bsd3e2-1 15/03/2019 SKB 7225G SHC 5512X 31/12/2018 19/03/2019 NYT	
	NA/INC16024499/h4 23/12/2016 NOR'AZMI BIN HASSAN SKL 8900G SHC 5512X 22/12/2016 28/12/2016 LSH	
	NA/MSG20007767/h4 28/07/2020 NG CHUNG MENG SFN 7505U SHC 5512X 27/07/2020 29/07/2020 LSH	
SKS 4049D - X		

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
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:	