15/5/2010

INS. CASE OWNER:

CC4/III23007205/pa3

LKK:

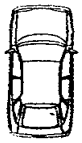
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17.07.2023

Registered in Merimen: 13.07.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SKM 9997R

Name of Insured : NG BAO NEE STELLA

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 11/07/2023 14:50

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : BRICKLAND RD NEARBY BUKIT BATOK RD

Nature of Accident : _____

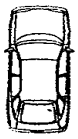
If **NO**, Driver Name / Age :

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

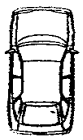
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

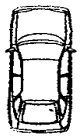
SHA 807P → _____ → _____ → _____



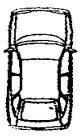
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time						
SHA 807P -	Reference Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date Created By
	CC3/AIG13000523/H1g2a3q2	18/02/2013	SHA 807P	SGL 1847X	05/01/2013	18/02/2013 HMK
	CC3/AIG14004897/H1ha3q2	16/04/2014	SHA 807P	SGG 2589K	12/03/2014	21/04/2014 HMK
	CC3/AXA12017451/H1hdq2	10/10/2012	SHA 807P	SJZ 5662B	06/09/2012	12/10/2012 CXC
	CC3/CTI19022092/Fea3n2	19/02/2020	SHA 807P	GU 9541C	12/12/2019	20/02/2020 LSP
	CC4/ASM22007813/Apa3	16/08/2022	SNC 8761C	SHA 807P	15/08/2022	HMK
	NS/INC21009239/Vqcn2	10/09/2021	SHA 807P	SLC 6271L	27/08/2021	10/09/2021 FWL
SKM 9997R - X						

Status:
Non-Reporting ltr 1 sent:
Non-Reporting ltr 2 sent:
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:	