15/5/2010

INS. CASE OWNER:

CC3/CTI23007329/Tpa3

LKK:

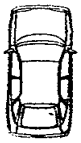
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 18/07/2023 Date / Time : 18/07/2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMP 1260X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

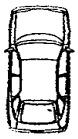
Excess Sec II :S$ D.O.A : 17/07/2023 Place of Accident :

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

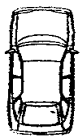
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

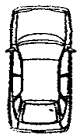
SHD 3531Z → → →



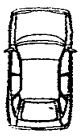
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHD 3531Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

~~CC3/III16011168/Kpa3n2 14/02/2017 SHD 9830X SHD 3531Z 14/06/2016 14/02/2017 HMK~~

~~CC3/III16012965/T1yb3q2 13/10/2016 SFL 8868B SHD 3531Z 11/07/2016 14/10/2016 LSP~~

~~CC4/III17018668/Gyb3q2 02/03/2018 GQ 1998S SHD 3531Z 26/09/2017 07/03/2018 LSP~~

~~CS3/III16003824/R1bc2 10/03/2016 SKF 9719P SHD 3531Z 25/02/2016 11/03/2016 CHN~~

~~CS3/III19018284/Qcd3s2 12/11/2019 SJA 4880B SHD 3531Z 24/08/2019 12/11/2019 ATS~~

~~NA/INC16020909/r3 02/11/2016 CHIN VOON LEONG GBE 8712B SHD 3531Z 01/11/2016 09/11/2016 RBW~~

~~NA/LPC21000391/h4 09/01/2021 HOO CHANG WEI SLV 8410P SHD 3531Z 08/01/2021 10/02/2021 LSH~~

SMP 1260X - 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:	