15/5/2010

INS. CASE OWNER:

CC3/CTI23007541/Tya3

LKK:

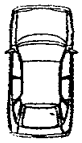
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: Date / Time : 25.07.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJM 7830M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

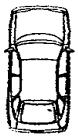
Excess Sec II :S$ D.O.A : 22/07/2023 21:15 Place of Accident : OLD JURONG ROAD

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

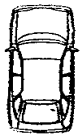
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

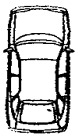
SHC 4172A → →



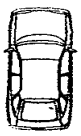
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHC 4172A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		
CC3/AIG08027139/T1Dn 14/01/2009 SHC 4172A GT 75X 26/09/2008 16/01/2009 CLZ		
CC3/AIG08029278/Zgw 15/12/2008 SHC 4172A SGV 8411X 29/10/2008 19/12/2008 TCC		
CC3/AIG10000125/T1a2jp2 14/07/2010 SHC 4172A GY 8293D 31/12/2009 14/07/2010 LTH		
CC3/AIG22009610/Kya3 29/09/2022 SHC 4172A GBC 4397P 28/09/2022 HMK		
CS3/SMR21011558/Euf3e2 19/11/2021 FBF 6891A SHC 4172A 23/10/2021 22/11/2021 STT		
CS3/SMR21011558/Evy3e2-1 08/06/2022 FBF 6891A SHC 4172A 23/10/2021 08/06/2022 NMY		
NA1/MGA08013115/c1 25/04/2008 ZHANG SHU DONG YM 6961Y SHC 4172A 02/03/2008 07/05/2008 TWI		
NJA/INC09011841/y1 28/05/2009 HAMZAH BIN RUSDI GN 1141M SHC 4172A 28/05/2009 02/06/2009 YCC		
NJM/INC10011729/R1j1 09/07/2010 SHC 4172A GW 1529G 15/06/2010 20/07/2010 MRB		
SJM 7830M - X		

Status Created By	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:	