15/5/2010

INS. CASE OWNER:

CC4/LPC23007909/pa3

LKK:

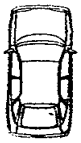
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 04/08/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 9001T

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 : 04/08/2023 09:21

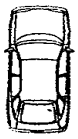
Place of Accident :

Nature of Accident :

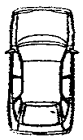
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

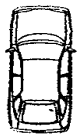
SHD 499D → → →



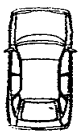
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHD 499D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/AIG12019387/Ka2a3y 01/03/2013 SHD 499D EL 8066K 03/10/2012 06/03/2013 HMK
CC3/CTI18001931/Kgb3n2 05/12/2019 SHD 499D SKW 7147M 29/01/2018 05/12/2019 LSP
CC3/EQI20014405/Kvd3e2 25/01/2021 SHD 499D GBG 6914M 03/12/2020 26/01/2021 NYT
CC3/LIP09012711/Dvh 01/08/2009 SHB 7789G SHD 499D 06/06/2009 03/08/2009 CMJ
NA/INC11022095/j1 28/10/2011 THUNG YONG QIANG JUSTIN SGF 5939U SHD 499D 26/10/2011 31/10/2011 NSC

GBD 9001T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CS/TP15022280/Ath3n2 15/04/2016 GBD 9001T 24/12/2015 18/04/2016 CCY

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:	