

INS. CASE OWNER:

Jas Tan

CC 4, Asm 190 12729,

Uga3

LKK:

IDAC:

127622

Surveyor:

Mokun

DOI:

ASSIGNMENT

18/12/09

Date / Time :

18/12/09

Registered in Merimen:

Pre-assign / CCU / FTE

VN 29184



Insured Vehicle No. :

Claim No. :

59 moluoT

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A.:

12/12/09

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

GEP 81624



INSRS:

WSP:

Tel :

Liability :

RMKS:

Fastech



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GEP 81624, x ;

VN 29184 - 01/AXA 130127371/6m3q2:009

12/12

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost:

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Date of Accident

: 17/7/19 Accident Time: 7:30pm (24-HR-Format)

Accident Place

: Along Jurong Town Hall Road

Vehicle. No. (Car Plate No.)

: GBF 8162H Make/Model: Nissan urvan

Insurance Company

: Liberty Policy No: 511907130

Owner or Company Name /IC No.

: Uncle Ang Trading / 53326940 E

Owner or Company Contact No.

: Owner's Hp Company Tel

DRIVER'S Name / IC No.

: Islam Muhammad Mominul / 62184676 M

DRIVER'S Date Of Birth

: 2/10/1993 DRIVER'S License Pass Date 24/8/2018

Relationship of Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address

: 495D Tampines St 43 #12-378

DRIVER'S Contact No. / Alt No.

: 1) 900 99 99 6 2) 5523495

DRIVER'S Occupation

: INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address

:

Weather & Road Surface

: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type

: Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 3 person

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle. No: YN2918 U (AXA)

Vehicle. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Reza (M)

Ang Ah Buck (M)