15/5/2010

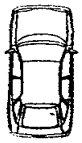
INS. CASE OWNER: NORSIAH | CC4/AIG20005261/Qka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: SUN PIN DOI: 17/04/2020 Date / Time : 17/04/2020

Registered in Merimen: 17/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SFK 9218B

Name of Insured : MR NG TIONG GUAN

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 03/04/2020

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

If **NO**, Driver Name / Age : MAH SAU KIN

Driver Tel No. : +65-98443983 (V/L: YES / NO)

Claim No. : 4192593511SG

Policy No. : 1800076085

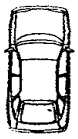
Make / Model : MAZDA 3-1.5 (A)

Place of Accident : UBI AVE 4 TOWARDS UBI DRIVING CENTER

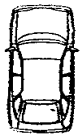
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

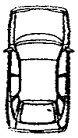
SLR 4250G → → →



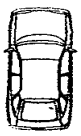
INSRS:
WSP: LION CITY
Tel : RENTALS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLR 4250G - X
	SFK 9218B - CS/QW11005884/Uvr1 ; 27/03/2011

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:	