15/5/2010

INS. CASE OWNER: Bennie-WZ

CC4/AIG20005645/Bba3

LKK:

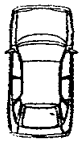
IDAC:

ASSIGNMENT

Surveyor: LIM T G DOI: 11/05/2020 Date / Time : 11/05/2020

Registered in Merimen: 11/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 3266K

Name of Insured : BAKER'S HEAVEN

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 08/05/2020

Is driver the owner? (YES / NO)

Claim No. : 1587215759SG

Policy No. : 1700070991

Make / Model : NISSAN NV350 PANEL VAN 2.5 5MT 5DR EURO V

Place of Accident : WOODLANDS AVE 12

Nature of Accident :

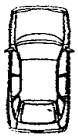
If **NO**, Driver Name / Age : MUHD IDZUAN BIN SALLEH

Driver Tel No. : 81240447 (V/L: YES / NO)

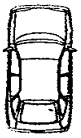
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

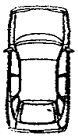
YQ 290T	→	GBD 3266K	→	GBC 7556G	→	



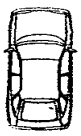
INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	YQ 290T - x	
	GBD 3266K - CC4/AIG20005639/ka3 08/05/2020	

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:	