15/5/2010

INS. CASE OWNER: Saliha

CC6/AIG20006264/Akv3

LKK:

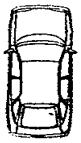
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 11/06/2020 Date / Time : 12/06/2020

Registered in Merimen: 12/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 8089C

Name of Insured : EAM GLOBAL LOGISTICS PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 09/06/2020

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

Claim No. : 5558127357SG

Policy No. : 1800074652

Make / Model : NISSAN NV350 PANEL VAN 5DR 2.5 5AT

Place of Accident : ESSO PETROL STATION TAMPINES STREET 34

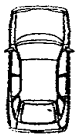
If **NO**, Driver Name / Age : YAACOB BIN KASIM

Driver Tel No. :88004430 (V/L: YES / NO)

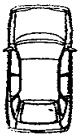
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

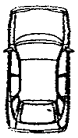
SGU 7790M → → →



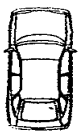
INSRS:
WSP: J-MART
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGU 7790M - CC6/AIG16002044/Upa3q2 ; 31/01/2016	
	GBC 8089C - CC3/AIG14009132/H1sa3c3 ; 14/05/2014	
	NA/AIG14010557/d2 ; 14/05/2014	
	NA/INC19019975/r3 ; 08/11/2019	

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:			