15/5/2010

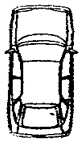
INS. CASE OWNER: ANG Yvonne 6568804461 | CC4/ASM20006594/Apa3 | LKK: IDAC: 172421

ASSIGNMENT

Surveyor: ADRIAN DOI: 24/06/2020 Date / Time : 23/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 7171Z Claim No. : S0M02L2C

Name of Insured : HENG MENG TRANSPORT SERVICE Policy No. : GA510793

Insured Tel No. : HP: Make / Model : ISUZU FVR34SUQDC-7.8 D (M)

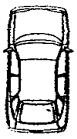
Excess Sec II :S$ D.O.A : 06/04/2020 11:45 Place of Accident : AYE TOWARDS TUAS

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

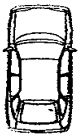
If **NO**, Driver Name / Age : ONG KIAN CHYE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-93368832 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

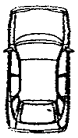
SLL 4259P → → →



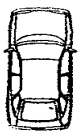
INSRS:
WSP: SM
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLL 4259P - NA/AIG19015488/r3 ; 31.08.2019	**STAGE** **DATE / PIC**
	YN 7171Z - X	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:	