15/5/2010

INS. CASE OWNER: OH Vale 6568804897

CC4/ASM20010928/Uba3

LKK:

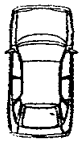
IDAC: 183907

ASSIGNMENT

Surveyor: MARCUS DOI: 09/10/2020 Date / Time : 09/10/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SGZ 3556Z Claim No. : S0M02V7U

Name of Insured : TAN JEE TOON Policy No. : GA506114

Insured Tel No. : HP: Make / Model : MAZDA3 SP

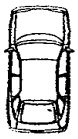
Excess Sec II :S$ D.O.A : 09/10/2020 08:35 Place of Accident : CLEMENTI AVE 6 > AYE (SLIP ROAD)

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

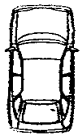
If **NO**, Driver Name / Age : KOH ZHIZHONG, JOSHUA OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-92324255 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

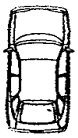
SGZ 3748L → → →



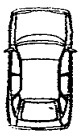
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGZ 3748L SGZ 3556Z NA/AIG20010906/h4 ; 09.10.2020 - CC4/AIG18009389/Deb3q2 ; 18/05/2018 - CC4/AXA17010504/Dpa3s2 ; 26/05/2017 - NA/INC17010277/r3 ; 26/05/2017	

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:	