15/5/2010

INS. CASE OWNER:

CC4/AIG20013713/R1pa3

LKK:

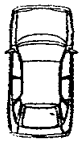
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 11/12/2020 Date / Time : 10/12/2020

Registered in Merimen: 11/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 5772M Claim No. : 9511721645SG

Name of Insured : AIK CHIN HIN MACHINERY CO. Policy No. : 999993844

Insured Tel No. : HP: Make / Model : TOYOTA HARRIER

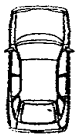
Excess Sec II :S$ D.O.A : 08/12/2020 07:22 Place of Accident : HOUGANG AVE 9

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

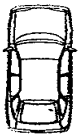
If **NO**, Driver Name / Age : CHEONG WAI MUN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

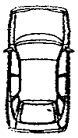
GBE 6905A →



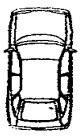
INSRS:
WSP: TJ CAR CARE SERVICES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBE 6905A - CS3/LPC18021885/R1sbe2 ; 03/12/2018	
	CS3/LPC18021885/R1sd3e2-1 ; 03/12/2018	
	NBA/LIP18021730/Y ; 03/12/2018	
	NBA/LPC18021680/Y ; 03/12/2018	
	SLH 5772M - X	

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:	