15/5/2010

INS. CASE OWNER: HO Winnie 6568804833

CC4/ASM20014680/Aga3

LKK:

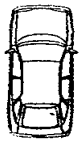
IDAC: 192481

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 28/12/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 8184R

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 28/12/2020 08:50

Is driver the owner? (YES / NO)

Claim No. : S0M02ZIW

Policy No. : GA543159

Make / Model : NISSAN NV200 1.5

Place of Accident : LOYANG AVE & CHANGI VILLAGE RD

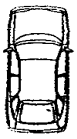
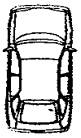
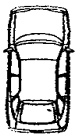
Nature of Accident :

If **NO**, Driver Name / Age :

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

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

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

SGX 7662J →	GBB 8184R →	SJP 8311Y →
		
INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: New Hock Teck Motor Pte Ltd
Tel :	Tel :	Tel :
Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJP 8311Y - CC4/ASM18021059/Ajb3q2 ; 19/11/2018	
	CC6/AXA11007963/Ry2c3k2 ; 15/04/2011	
	NA/INC10004970/As1 ; 12/03/2010	
	NA/INC10004983/p1 ; 12/03/2010	
	GBB 8184R - CS/INC12005049/Afn ; 06.03.2012	

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:		