15/5/2010

INS. CASE OWNER:

S\$

S\$

Name 2:

Name 3:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

CC4/ASM21007635/Npa3 -CC4/ASM21007635/Nps3

LKK: IDAC:

		ASSIGNN			
Surveyor:	Naz	doi: <u>14/07/</u>	2021	Date / Time : 14/07	7/2021
				Registered in Merimen:	_
Pre-assign / CCU	/FTE				
Insured Vehicle N	o. : SMH 4087C		Claim No.	S1M03DKD	
ilisuled vehicle ivi			Ciaiiii No.		<u> </u>
Name of Insured	: <u>Pro-Tac Motors P</u>	<u>te Ltd</u>	Policy No.	VTX/P24359	
Insured Tel No.	: HP:		Make / Model	:	
		00/07/2024			
Excess Sec II :S\$:09/07/2021	Place of Accide	ent :	
Is driver the owner	r? (YES/NO) Nature	of Accident :			
If NO, Driver Nar	me / Age :		OI GIA REPOI	RT: YES) NO ; TP GIA REI	PORT: YES/ NO
Driver Tel	No.:	(V/L:YES/ NO)	Insured Liabili	ty: % Final?	Yes / No
SFP 96T					
		_			
INSRS:	INSRS:		INSRS:	(1) 13	SRS:
WSP: AP AUTON Tel :	MOTIVE WSP: Tel:	*	WSP: Tel :	WS Te	
Liability:	Liability:	<u>p</u>	Liability :	n n	bility :
RMKS:	RMKS:		RMKS:	RN	IKS:
Date/ Time					
Date/ Time	SFP 96T:X; SMH 40	197C · V		STAGE	DATE / PIC
	3FF 901 . X , SWIN 40	101 C . X		Non-Reporting ltr (1st):	DATE/ FIC
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
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29/06/2022			wiii approa		
	third party for private s	settlement.	v proceed t		II II Thurstook
	ile and submit MD ren	advise ii we ma	y proceed to		Handler Typist
	ile and submit WP rep	ort to your good	onice.		
02/08/2022	Van Haine Tana was		-1 61-		
02/00/2022	Yes Hsiao Tong, you	• •	Non-Reporting ltr (Final): Notification ltr (if non-pickup): d will approactanto: After call ltr to OI: ay proceed toelogget fon Check List: Handler Typist d office. Notification ltr (if non-pickup) After call ltr to OI:		
	Saw Theng				
-	_			· ·	
				LTA / GIA :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Instruction:	
				LOD	
				Payment Breakdown Form:	
PRELIMINARY ADVICE	D / /T'	C + D			
I KELIMINAKI ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
		Sent By:		Post-Repair Photos: Others:	
FINALIZATIONSubmi	† Date/Time:	Confirm with:		<u> </u>	
FINALIZATION Submi	jtDate/Time: S\$ 11,700.00 (8 da	•	%	Others:	Call
Repair Cost: L/sum FINAL SETTLEMENT		Confirm with: ays) Reduction: 58	%	Others: Confirm by: Email Email Cal	Call
Repair Cost: L/sum FINAL SETTLEMENT Final Liability:	Confirm	Confirm with: ays) Reduction: 58	%	Others: Confirm by: Email	Call
Repair Cost: L/sum FINAL SETTLEMENT Final Liability: Repair Cost:	Confirm	Confirm with: 198) Reduction: 58 m with 2d) BOLA S/N No. :	%	Others: Confirm by: Email Email Cal	Call
Repair Cost: L/sum FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR):	Confirm	Confirm with: 198) Reduction: 58 In with 2d) BOLA S/N No.:	%	Others: Confirm by: Email Email Cal	Call
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