15/5/2010

INS. CASE OWNER: ONG Kian Theng Derick

CC4/ASM22000046/ra3

LKK:

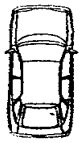
IDAC: 243585

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03/01/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKM 2367E

Name of Insured : SULZER SINGAPORE PTE. LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 26/12/2021 12:50

Is driver the owner? (YES / NO)

Claim No. : S1M03PDS

Policy No. : GA563696

Make / Model : _____

Place of Accident : AYE TOWARDS CITY

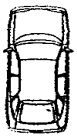
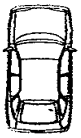
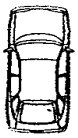
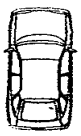
Nature of Accident : _____

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**

SKM 2367E →	SCY 8789M →	SLQ 7420T →	SKW 7020U
	 		
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: Revolution	WSP:	WSP:
Tel :	Tel : Automotive	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time	
	SCY 8789M - CC3/AIG14007895/Rvm3d1 ; 16/07/2014
	CC3/AIG14020354/Rvj3d1 ; 21/01/2015
	NBA/AIG21013165/Y ; 26/12/2021
	SKM 2367E - NBA/AIG21013165/Y ; 26.12.2021

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:	