15/5/2010

INS. CASE OWNER:

CC4/III22004688/ga3

LKK:

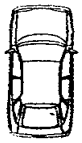
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 18/05/2022

Registered in Merimen: 18/05/2022 by wksp

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 6758H

Name of Insured : JS CARPENTRY & CONTRACTORS

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 16/05/2022 16:40

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

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

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

Claim No. : MCV2022D0002478

Policy No. : _____

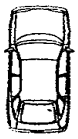
Make / Model : _____

Place of Accident : WOODLANDS CENTRE ROAD TOWARDS WOODLAND E5

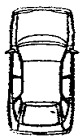
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

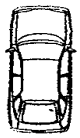
SHC 2783A → _____ → _____ → _____



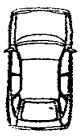
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHC 2783A -	CA/AIG08023592/s1 09/09/2008 LIEW CHENG BIN ERIC SGZ 8350S SHC 2783A 23/08/2008 09/09/2008 SLP	
	CC3/AIG18010175/K1pb3q2 11/10/2018 SHC 2783A SLZ 733P 03/06/2018 12/10/2018 LSP	
	CC4/AIG20013463/T1gs3q2 20/08/2021 SHC 2783A SJT 646M 05/12/2020 20/08/2021 LSL	
	CI/SMO19002723/Nc 21/02/2019 SHC 2783A SKZ 4720L 04/10/2018 25/02/2019 FWL	
	NS/INC15013280/H1gbc2 19/08/2015 SHC 2783A FBJ 8892M 04/08/2015 21/08/2015 CKL	
	NS/INC17024728/K1qbe2 08/01/2018 SHC 2783A SGV 8542B 27/12/2017 12/01/2018 CKL	
	NS/INC18014230/K1sbn2 20/08/2018 SHC 2783A SKM 9296E 01/08/2018 21/08/2018 CKL	
GBE 6758H - 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:	