15/5/2010

INS. CASE OWNER:

CC6/AIG22004723/Uga3

LKK:

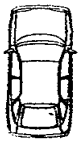
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 19/05/2022 Date / Time : 19/05/2022

Registered in Merimen: 19/05/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 9767X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

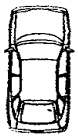
Excess Sec II :S$ D.O.A : 18/05/2022 14:55 Place of Accident : W Coast Link, Singapore

Is driver the owner? (YES / NO) Nature of Accident : TOWARDS WEST COAST ROAD

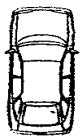
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

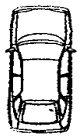
SKT 8988L → → →



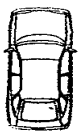
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKT 8988L	CC3/CTI18020588/K1hb3n2 31/01/2019 SHD 4867Z SKT 8988L 12/11/2018 31/01/2019 SML
	CS/CTI19016948/Ktf3n2 08/10/2019 SML 1990T SKT 8988L 22/09/2019 08/10/2019 LST
	CS/CTI22002504/Uvy3n2 06/04/2022 SKT 8988L 15/03/2022 06/04/2022 SML
	NA/CTI19016781/z4 23/09/2019 TING KHOR NEE SKT 8988L SML 1990T 22/09/2019 27/09/2019 HZT
	NBA/CTI22002467/Y 16/03/2022 TING KHOR NEE SKT 8988L YP 5822G 15/03/2022 22/03/2022 RBA
	NBA/CTI22004692/Y 19/05/2022 TING KHOR NEE SKT 8988L GBH 9767X 18/05/2022 RBA
GBH 9767X	NBA/CTI22004692/Y 19/05/2022 TING KHOR NEE SKT 8988L GBH 9767X 18/05/2022 RBA
	NBA/UOI19002799/Y 14/02/2019 LEONG SIEW KHEONG GBH 9767X YN 5753H 01/02/2019 21/02/2019 RBA

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:	