15/5/2010

INS. CASE OWNER:

CC6/AIG22005829/Apa3

LKK:

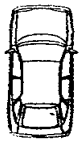
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 14/06/2022 Date / Time : 14/06/2022

Registered in Merimen: 20/06/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 795E Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

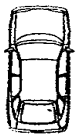
Excess Sec II :S$ D.O.A : 11/06/2022 17:20 Place of Accident : OLD AIRPORT ROAD BEFORE JLN DUA JUNCTIO

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

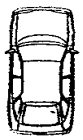
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

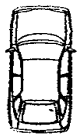
SMJ 7935A → → →



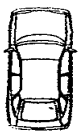
INSRS:
WSP: TK MOTOR
Tel : WORKSHOP
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMA 795E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/AIG22005553/r3 13/06/2022 VASHDEV PARSRAM CHANDIRAMANI SMA 795E SMJ 7935A 11/06/2022 RBW NA/AIG22005601/r3 13/06/2022 TANG SIA CHUAN SMJ 7935A SMA 795E 11/06/2022 RBW
SMA 795E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/AIG19013854/Asd3n2 18/05/2020 SMA 795E SLM 144H 04/08/2019 18/05/2020 NVT NA/AIG19013757/h4 06/08/2019 ROSHNI VASHDEV CHANDIRAMANI SMA 795E SLM 144H 04/08/2019 13/08/2019 LSH NA/AIG22005553/r3 13/06/2022 VASHDEV PARSRAM CHANDIRAMANI SMA 795E SMJ 7935A 11/06/2022 RBW NA/AIG22005601/r3 13/06/2022 TANG SIA CHUAN SMJ 7935A SMA 795E 11/06/2022 RBW NBA/AIG19016373/F 17/09/2019 YEO CHOK YANG, LEWIS(YANG ZHUYAN, LEWIS) SLM 144H SMA 795E 04/08/2019 20/09/2019 PSS

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
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:	