INS. CASE OWNER:

CC4/LPC22006137/Upa3

LKK:

IDAC:
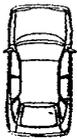
ASSIGNMENT

Surveyor: **MARCUS**   DOI: 05/07/2022   Date / Time : 28/06/2022

Registered in Merimen: _____

**Pre-assign / CCU / FTE**

Insured Vehicle No. : XE 2963Y

Name of Insured : GEE HOE SENG PTE. LTD.

Insured Tel No. : _____   HP: _____

Excess Sec II :S$ _____   D.O.A : 24/06/2022

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

If **NO**, Driver Name / Age : CHIAN CHONG NIENG

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

Claim No. : _____

Policy No. : Z/22VC00/113278

Make / Model : Isuzu FVR34UUQDC

Place of Accident : 57 Ubi Ave 1, Singapore 408936

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

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

SNE 5044Z → _____ → _____   → _____
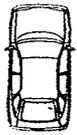
INSRS: _____
WSP: KAH MOTOR, UBI
Tel : _____
Liability : _____
RMKS: _____
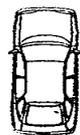
INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____
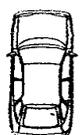
INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____
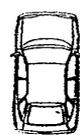
INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		
SNE 5044Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	NA/LPC22006074/r3 27/06/2022 CHIAN CHONG NIENG XE 2963Y SNE 5044Z 25/06/2022 RBW	
XE 2963Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CC4/LPC20012465/T1bs3q2 05/05/2021 SKF 777E XE 2963Y 10/11/2020 12/05/2021 LSL1	
	NA/LPC19018433/z4 18/10/2019 CHEN GANG XE 2963Y SKD 2598C 17/10/2019 23/10/2019 HZT	
	NA/LPC20012358/h4 11/11/2020 CHEN GANG XE 2963Y SKF 777E 10/11/2020 18/11/2020 LSL1	
	NA/LPC22006074/r3 27/06/2022 CHIAN CHONG NIENG XE 2963Y SNE 5044Z 25/06/2022 RBW	

	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: