15/5/2010

INS. CASE OWNER:

CC4/III22006578/Vga3

LKK:

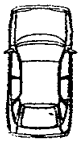
IDAC:

ASSIGNMENT

Surveyor: DOI: Date / Time : 08/07/2022

Registered in Merimen: 07/07/2022 BY WKSP

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 9400A

Name of Insured : LUMENS AUTO PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 06/07/2022 12:50

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

If **NO**, Driver Name / Age : CHUA CHUAN YANG CHARLES

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

Claim No. : MFL2022D0003566

Policy No. : D20MFL0005826-01

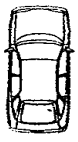
Make / Model : Toyota Prius

Place of Accident : Circuit Rd, Singapore

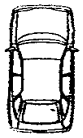
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

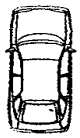
SHC 1833X → → →



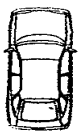
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHC 1833X -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/CTI17016749/K1pa3n2 22/11/2017 SHC 1833X GY 9538S 25/08/2017 23/11/2017 HMK CS/TMI22002567/Vty3q2 19/04/2022 SHC 1833X SMU 6361D 17/03/2022 19/04/2022 NMY NA/INC08020920/s1 24/07/2008 MUTHALIBU NASEERALI GT 4354P SHC 1833X 23/07/2008 28/07/2008 SLP NA/INC15004969/r3 23/03/2015 YU POH CHU SGA 9379K SHC 1833X 21/03/2015 25/03/2015 NTRDTE NS/INC18007179/K1sbe2 08/05/2018 SHC 1833X GBG 6935C 15/04/2018 09/05/2018 CKL	
SMV 9400A - 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:	