15/5/2010

INS. CASE OWNER: HO Winnie

CC4/ASM22006849/Aea3

LKK:

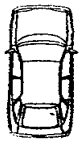
IDAC: 271985

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 19/07/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 668S Claim No. : S2M0470O

Name of Insured : WANG YONGCAN Policy No. : GA588207

Insured Tel No. : HP: Make / Model :

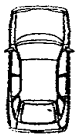
Excess Sec II :S$ D.O.A : 18/07/2022 23:05 Place of Accident :

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

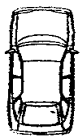
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

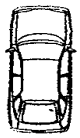
SMF 3791U → → →



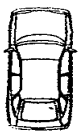
INSRS:
WSP: MG SOLUTION PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SMF 3791U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/AIG19006934/Aba3q2 30/06/2020 SMF 3791U SCN 8019K 14/04/2019 01/07/2020 STU NA/AIG19008285/p 10/05/2019 CHIOK SIEW NEO HEDY SCN 8019K SMF 3791U 14/04/2019 15/05/2019 CHT NA/TMI19006694/r3 15/04/2019 WONG CHAN KWOK(HUANG ZHENGUO) SMF 3791U SCN 8019K 14/04/2019 23/04/2019 RBW NA/TMI19015848/r3 06/09/2019 WONG CHAN KWOK(HUANG ZHENGUO) SMF 3791U 41578 MID 05/08/2019 16/09/2019 RBW	**STAGE** **DATE / PIC**
SMJ 668S - X		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:	