15/5/2010

INS. CASE OWNER:

CC4/LPC22007160/Aga3

LKK:

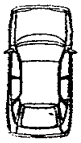
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 27/07/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 8423R Claim No. : 22/22/22/VC05/026074

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

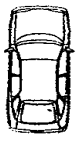
Excess Sec II :S$ D.O.A : 26.07.2022 14:00 Place of Accident :

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

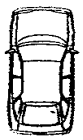
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

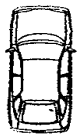
SLD 3398U → → →



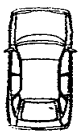
INSRS:
WSP: JL Perfect Autowork Pte. Ltd.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLD 3398U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS/AGI21000046/Avd3n2 30/03/2021 SLD 3398U SGJ 3631Z 30/12/2020 31/03/2021 NVT
	NA/AIG18004600/k4 10/03/2018 NGOK CHIA SEE @ LEE CHIA SEE SLD 3398U SLN 4[illegible]U 09/03/2018 19/03/2018 KSG
	NA/AIG18019126/r3 22/10/2018 CHNG HWEE SENG SLD 3398U SKW 6443P 20/10/2018 29/10/2018 RSW
	NA/AIG22007145/r3 27/07/2022 ZULKIFLI BIN ANWA SLD 3398U YN 8423R 26/07/2022 [illegible]
	NBA/AIG20014808/Y 31/12/2020 ZULKIFFLI BIN ANWA SLD 3398U SGJ 3631Z 30/12/2020 03/02/2021 RBA
YN 8423R -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	NA/AIG22007145/r3 27/07/2022 ZULKIFLI BIN ANWA SLD 3398U YN 8423R 26/07/2022 RBW
	NA/INC16021265/k4 08/11/2016 HAKIM BIN JEMRY YN 8423R WALL 04/11/2016 15/11/2016 ASC

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:	