15/5/2010

INS. CASE OWNER: AIDA

CC4/III22007254/Tea3

LKK:

IDAC:

ASSIGNMENT

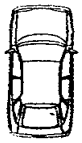
Surveyor: TAUFIKH

DOI: 19/07/2022 19:35

Date / Time : 19/07/2022

Registered in Merimen: 18/07/2022 BY WKSP

Pre-assign / CCU / FTE



Insured Vehicle No. : GBL 8731J

Claim No. :

Name of Insured : WINWAY SUPPLIES PTE LTD

Policy No. : D22MCV0005770

Insured Tel No. : HP:

Make / Model : Nissan NV350

Excess Sec II :S$ D.O.A : 17/06/2022 14:45

Place of Accident : Clementi Rd, Singapore

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

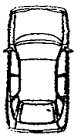
If **NO**, Driver Name / Age : ALAM KHAIRUL

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

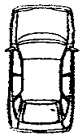
Driver Tel No. : (V/L: YES / NO)

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

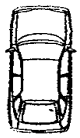
SHD 4651D → → →



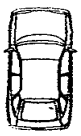
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SHD 4651D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Status Created By CC3/III18007859/Sub3q2 03/09/2018 SDR 225B SHD 4651D 23/04/2018 05/09/2018 LSP CC6/III16002689/Khv3q2 21/03/2016 SHD 2281B SHD 4651D 05/02/2016 22/03/2016 LYF CS3/III15018692/Ubc2 23/11/2015 FBA 5750G SHD 4651D 31/10/2015 25/11/2015 CGN NA/INC15018593/d2 02/11/2015 ABDUL MU'IZ BIN ABDUL MAJID FBA 5750G SHD 4651D 31/10/2015 05/11/2015 NLS NBA/AIG14014245/e1 29/07/2014 TAY CHEE KIONG SFP 3300J SHD 4651D 25/07/2014 04/08/2014 NBS NS/INC21002831/T1qd3n2 26/03/2021 SHD 4651D SJJ 7021Y 26/02/2021 30/03/2021 NVT		**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
GBL 8731J - X		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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

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:	