15/5/2010

INS. CASE OWNER: AIDA

CC4/III22007254/Tya3q2

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:	INSRS:	INSRS:	INSRS:
WSP: CDGE LOYANG	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	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 02/11/2015 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
	*Instruction from III to repudiate liability due to NR		LTA / GIA :
			Medical Bill:
			PIR:
			Mandate/Reject Instruction:
			LOD
			Payment Breakdown Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:
Submit			Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: Part by Part	S$ 1,284.76	(2 days) Reduction: 69 %	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: WP
Legal Cost	S$		3) Survey fee: $350
Total:	**S$**	**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:	