15/5/2010

INS. CASE OWNER:

CC4/AIS22007988/ea3

LKK:

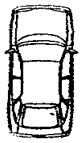
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20.08.2022

Registered in Merimen: 21.08.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 853U

Name of Insured : MASINDO LOGISTIC PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 07/05/2022 06:42

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : CAO TAIRAN

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

Claim No. : _____

Policy No. : _____

Make / Model : _____

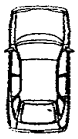
Place of Accident : Near 944 Jurong West Street 91, Block 944, Singapore 640944

Nature of Accident : PIE TOWARDS TUAS

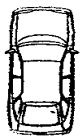
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

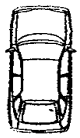
SHD 9980X → _____ → _____ → _____



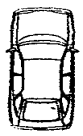
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHD 9980X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/ASM18017243/Kpa3q2 20/12/2021 SHD 9980X SFK 9558U 17/09/2018 20/12/2021 HMK
CC3/AXA15001438/Ksm3q2 20/06/2015 SHD 9980X SFY 452B 21/01/2015 23/06/2015 SPL
CS/FCI18007600/Ktbn2 07/05/2018 SHD 9980X SHA 2040X 19/04/2018 07/05/2018 CKL

XE 853U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC4/AIG19011592/R1db3q2 20/11/2019 XE 3807J XE 853U 11/03/2019 20/11/2019 LSP
CC4/LPC16008597/Fua3s2 12/04/2017 XE 853U XD 1364M 04/05/2016 13/04/2017 HMK
CS/AIS22003241/Kvy3e2 30/05/2022 SLN 7701Z XE 853U 02/04/2022 01/06/2022 NMY

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:	