15/5/2010

INS. CASE OWNER: CC4/AIS22008313/Kea3

LKK:

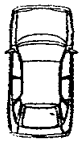
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: Date / Time : 26/08/2022

Registered in Merimen: 29/08/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SNE 6012J

Name of Insured : WU LUXI

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 11/05/2022 14:17

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

If **NO**, Driver Name / Age : LI BO

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

Claim No. :

Policy No. : SP2001697441-01

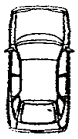
Make / Model : Mercedes E200

Place of Accident : Tampines Ave 5, Singapore

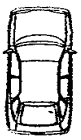
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

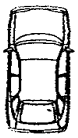
SHD 5271K →



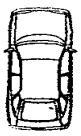
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHD 5271K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	**DATE / PIC**
	~~CC3/AIG20014413/Kba3q2 13/04/2021 SHD 5271K SLC 3079X 03/12/2020 15/04/2021 HMK~~	Non-Reporting ltr (1st):
	~~CC3/AXA16003142/Kzb3q2 11/08/2017 SHD 5271K SKB 5686Y 18/02/2016 17/08/2017 LVF~~	Non-Reporting ltr (2nd):
	~~CC3/EQI16021495/K1zb3q2 17/08/2017 SHD 5271K GV 7118A 09/11/2016 19/08/2017 LSP~~	Non-Reporting ltr (Final):
	~~CC3/FCI16011103/Kth3n2 17/06/2016 SHD 5271K SHC 7348R 13/06/2016 17/06/2016 LSP~~	Notification ltr (if non-pickup):
	CC3/LPC20006044/Kba3s2 09/09/2020 SHD 5271K YP 6405X 27/05/2020 10/09/2020 HMK	Call OI:
SNE 6012J - 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:		
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:	