15/5/2010

INS. CASE OWNER:

CC4/AIG22008863/ea3

LKK:

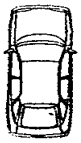
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 08/09/2022

Registered in Merimen: 08/09/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SGD 880Y

Name of Insured : LIM HIANG KUANG JIMMY

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 03/09/2022 10:50

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : Ang Mo Kio Ave 3, Singapore OPP AMK MRT.

Nature of Accident : _____

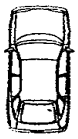
If **NO**, Driver Name / Age :

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

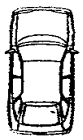
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

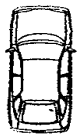
SLG 4140Z → _____ → _____ → _____



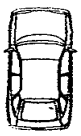
INSRS:
WSP: MY CAR CONSULTANT PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLG 4140Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/CTI22008655/Uea3 05/09/2022 SGD 880Y SLG 4140Z 03/09/2022 HMK CS/GAI17019487/Krbn2 27/11/2017 SFQ 4494X SLG 4140Z 09/10/2017 27/11/2017 CKL CS3/CTI21006583/T1vcn2 15/06/2021 SLG 4140Z SMH 6393F 07/06/2021 15/06/2021 NDY NA/SMO22003542/m4 19/04/2022 TAN GEOK KUAN (CHEN YUJUAN) SMR 7055Y SLG 4140Z 19/04/2022 20/04/2022 SML NBA/AIG18021415/Y 27/11/2018 GOH CHUN KIANG SJQ 7884L SLG 4140Z 26/11/2018 04/12/2018 RBA
SGD 880Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG11011459/Rvx 07/12/2011 SGD 880Y 11/06/2011 12/12/2011 CMJ CC3/AIG11011465/Rvn 19/07/2011 SGD 880Y 12/06/2011 22/07/2011 CMJ CC6/CTI22008655/Uea3 05/09/2022 SGD 880Y SLG 4140Z 03/09/2022 HMK

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:	