15/5/2010

INS. CASE OWNER:

CC4/AIS22008968/Kea3

LKK:

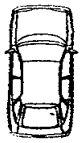
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 13/09/2022 Date / Time : 13/09/2022

Registered in Merimen: 13/09/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMN 9496R Claim No. :

Name of Insured : BIS MOTORING PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

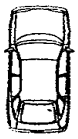
Excess Sec II :S$ D.O.A : 09/09/2022 10:49 Place of Accident : PIE TOWARDS CHANGI

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

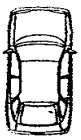
If **NO**, Driver Name / Age : CHIA SOON HAI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

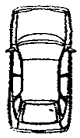
SLR 962L → → →



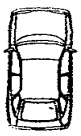
INSRS:
WSP: OPTIMA WERKZ PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMN 9496R - X		Non-Reporting ltr (1st):	
SLR 962L -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (2nd):	
	NA/INC19003369/z4 22/02/2019 CHAN YEOW HONG (ZHAN XIAOHONG) SLR 962L FBC 5130K 22/02/2019 25/02/2019 HZT	No Response ltr (final):	
	NA/INC19004421/z4 11/03/2019 CHAN YEOW HONG (ZHAN XIAOHONG) SLR 962L SKG 7111G 11/03/2019 14/03/2019 HZT	Notification ltr (if non-pickup):	
	NBA/MSG19003890/Y 01/03/2019 KANE ONG WOON CHONG FBC 5130K SLR 962L 22/02/2019 08/07/2019 RBA	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:	
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:	