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

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: 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	
SMN 9496R - X	
SLR 962L -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	NA/INC19003369/z4 22/02/2019 CHAN YEOW HONG (ZHAN XIAOHONG) SLR 962L FBC 5130K 22/02/2019 25/02/2019 HZT
	NA/INC19004421/z4 11/03/2019 CHAN YEOW HONG (ZHAN XIAOHONG) SLR 962L SKQ 7111G 11/03/2019 14/03/2019 HZT
	NBA/MSG19003890/Y 01/03/2019 KANE ONG WOON CHONG FBC 5130K SLR 962L 22/02/2019 08/07/2019 RBA

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:	