15/5/2010

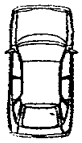
INS. CASE OWNER: SUNDARI | CC4/III22008988/ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 09.09.2022

Registered in Merimen: 09.09.2022 BY WKSP

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 9033R | Claim No. :

Name of Insured : Santa Warehousing Pte Ltd | Policy No. : D21MFL0008597

Insured Tel No. : _____ HP: _____ | Make / Model : Man TGS 32.360 8X4 BB

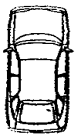
Excess Sec II :S$ _____ D.O.A : 09/09/2022 12:30 | Place of Accident : West Coast Rd, Singapore

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

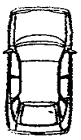
If **NO**, Driver Name / Age : PUNITHA KUMAR MUTHULINGAM | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

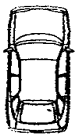
SHA 1563K → _____ → _____ → _____



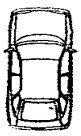
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHA 1563K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG15020969/H1pv3s2 19/01/2016 SHA 1563K SJK 2828P 07/12/2015 20/01/2016 LVF
	CS/INC09019302/Cn 07/09/2009 SHA 1563K SGL 8300K 28/08/2009 08/09/2009 CPH
XD 9033R -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	NA/AIG19019100/z4 29/10/2019 CHUA KIM NEO ROSALIND KIMMY SGR 8863X XD 9033R 29/10/2019 06/11/2019 HZT
	NA/III15002308/d2 07/02/2015 ANG GIM XD 9033R AP 8210L 06/02/2015 09/02/2015 NLS
	NA/TMI18007570/h4 24/04/2018 MR LIM KUN DE SGL 7704K XD 9033R 20/04/2018 30/04/2018 LSH

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:		