15/5/2010

INS. CASE OWNER:

CC4/AIS22009236/Uea3

LKK:

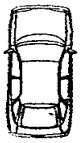
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 20.09.2022

Registered in Merimen: 20.09.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SGU 121R

Name of Insured : MUHAMAD MURAD BIN KASMANI

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. : SP2000575096-01

Make / Model : Toyota CAMRY

D.O.A : 16/09/2022 07:00

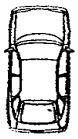
Place of Accident : CTE TOWARDS AYE

Nature of Accident :

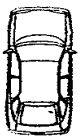
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

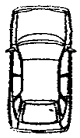
SKJ 6659C → → →



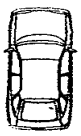
INSRS:
WSP: Nineteen Autowerks Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKJ 6659C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
~~NA/CTI16022314/s4 30/11/2016 KATHY TAY PEI ZHEN (KATHY ZHENG PEIZHEN) SKJ6659C JPX 7144 27/11/2016 05/12/2016 HMF~~	Non-Reporting ltr (2nd):	
~~NA/INC19001377/z4 21/01/2019 KATHY TAY PEI ZHEN (KATHY ZHENG PEIZHEN) SKJ6659C SMG 9755E 20/01/2019 22/01/2019 HZT~~	Non-Reporting ltr (Final):	
SGU 121R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Notification ltr (if non-pickup):	
~~CC6/LPC16016310/Ayb3n2 13/04/2017 SJS 4957U SGU 121R 29/08/2016 17/04/2017 LSP~~	Call OI:	
~~CS/AIS22009166/Knc 19/09/2022 SGU 121R 16/09/2022 FWL~~	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:	