15/5/2010

INS. CASE OWNER:

CC4/AIS22009243/pa3

LKK:

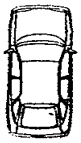
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20.09.2022

Registered in Merimen: 20.09.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SKV 5351H

Name of Insured : GO-LEASE PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 13/09/2022 12:00

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : YEW CHEE KEONG

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

Claim No. :

Policy No. : SPMF1000000540

Make / Model : Mazda 3

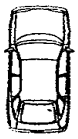
Place of Accident : CHANGI ROAD

Nature of Accident :

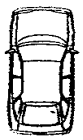
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

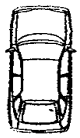
SJX 2888Y → _____ → _____ → _____



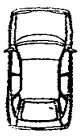
INSRS:
WSP: MODERN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SJX 2888Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG12015790/Rst2y 22/10/2012 SDW 41M SJX 2888Y 13/08/2012 24/10/2012 SBS CC3/AIG12017585/Aqn 12/12/2012 SJX 2888Y 13/08/2012 14/12/2012 SSC CC3/AIG12019983/Gqn 12/12/2012 SJX 2888Y 16/09/2012 14/12/2012 SSC NA/INC12001485/s2 25/01/2012 DARUL BIN KISAI SKB 5639J SJX 2888Y 24/01/2012 02/02/2012 CKL NS/INC13021410/T1gbd1 21/03/2014 SHC 4523X SJX 2888Y 11/11/2013 21/03/2014 CKL
SKV 5351H - X	

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:	