15/5/2010

INS. CASE OWNER:

CC6/CTI22009316/Apa3

LKK:

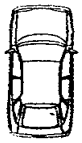
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 20.09.2022 Date / Time : 20.09.2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 1599H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

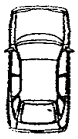
Excess Sec II :S$ D.O.A : 18.09.2022 10:30 Place of Accident :

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

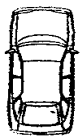
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

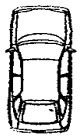
GBJ 847Y → → →



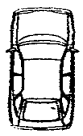
INSRS:
WSP: J-MART
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBJ 847Y - X	
GBE 1599H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS/EGI17012110/T1qh3e2 04/07/2017 SKU 2544T GBE 1599H 20/06/2017 06/07/2017 GCY
	CS/INC16020041/Dvbn2 20/01/2017 GBE 1599H SGT 4453L 14/10/2016 20/01/2017 GKL
	NA/CTI19008168/r3 09/05/2019 ENG CHEE HONG GBE 1599H SKH 6549Y 08/05/2019 17/05/2019 RBW
	NA/INC15018911/h4 06/11/2015 TEY YEONG NAM GBE 1599H GBA 4353B 05/11/2015 12/11/2015 LSH
	NA/INC15019112/Cr3 11/11/2015 LIN FUXING GBA 4353B GBE 1599H 05/11/2015 16/11/2015 RBW
	NA/INC16019569/Y 15/10/2016 LEE CHYE LUAN SGT 4453L GBE 1599H 14/10/2016 20/10/2016 RBA
	NA/INC19008184/h4 09/05/2019 MOHAMED NOOR BIN MADON PC 3455X GBE 1599H 08/05/2019 14/05/2019 LSH

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:		