		CC4/AIS22009557/Kpa3	LKK:
INS. CASE OWNER:			IDAC:

ASSIGNMENT

Surveyor: **KENNETH**   DOI: _____   Date / Time : **28.09.2022**

Registered in Merimen: **28.09.2022**

Pre-assign / CCU / FTE

Insured Vehicle No.   : **YQ 3990L**   Claim No.   : _____

Name of Insured   : **MANDAI LINK LOGISTICS PTE.LTD**   Policy No.   : **SPCM1000000913**

Insured Tel No.   : _____ HP: _____   Make / Model   : _____

Excess Sec II :S$ _____ D.O.A : **11/09/2022 17:30**   Place of Accident : **AYE**

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

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

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

PA 9177U _____ → _____ → _____   _____ → _____

INSRS: **CDGE** WSP: **BRADDELL** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
PA 9177U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/III19011206/R1pb3q2 27/09/2019 SMK 7927T PA 9177U 24/06/2019 27/09/2019 LSP CS/III10020287/Rvr1 07/03/2011 PA 9177U 01/10/2010 04/03/2011 CMJ		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
YQ 3990L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/AIS22009384/Kvy3 23/09/2022 YQ 3990L 11/09/2022 NMY		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: