15/5/2010

INS. CASE OWNER:

CC4/AIS22010012/Upa3

LKK:

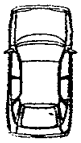
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 11.10.2022

Registered in Merimen: 11.10.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : CB 8085G Claim No. :

Name of Insured : RAFFLES BUS SERVICES PTE LTD Policy No. : SPCM1000001164

Insured Tel No. : HP: Make / Model : Mitsubishi Rosa

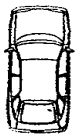
Excess Sec II :S$ D.O.A : 08/10/2022 12:34 Place of Accident : 7 Paya Lebar Rd, Singapore 409002

Is driver the owner? (YES / NO) Nature of Accident : EUNOS LINK TOWARDS JALAN EUNOS

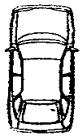
If **NO**, Driver Name / Age : ZHANG QING HUA OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

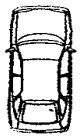
SMV 6516U → → →



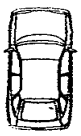
INSRS:
WSP: 2ND AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMV 6516U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CC4/ASM22004892/Upa3q2 04/07/2022 SMV 6516U SMJ 8741K 22/05/2022 20/07/2022 HMK			
CB 8085G - X		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:	
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:	