15/5/2010

INS. CASE OWNER:

CC4/LPC22010068/pa3

LKK:

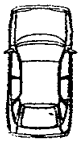
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 12/10/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : XB 9549E

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 29/09/2022 12:30

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

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

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

Claim No. :

Policy No. :

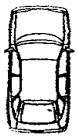
Make / Model :

Place of Accident :

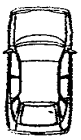
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

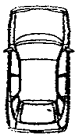
WC 292K → → →



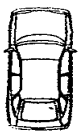
INSRS:
WSP: Woodlands Transport Service Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

WC 292K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
NA/INC21002941/h4 04/03/2021 CHOO CHUAN CHEW SME 1410M WC 292K 03/03/2021 05/03/2021 LSH

XB 9549E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC6/AIG13012316/T1a2a3q2 04/10/2013 XB 9549E SGN 4730T 06/07/2013 09/10/2013 HMK
CS3/MSG16011143/R1vbd1 05/08/2016 SJD 5529U XB 9549E 13/06/2016 05/08/2016 CKL
CS3/MSG17004200/Ybm2 11/04/2017 SKB 5415M XB 9549E 27/02/2017 12/04/2017 CKL
CS3/MSG17004200/Ygbe2-1 03/10/2017 SKB 5415M XB 9549E 27/02/2017 03/10/2017 CKL
NA/INC08030474/r 17/11/2008 LEE YING SGX 3725M XB 9549E 17/11/2008 19/11/2008 LWS

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:	