15/5/2010

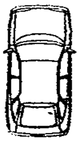
INS. CASE OWNER: | CC4/LPC22010389/Upa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS   DOI: ______   Date / Time : 19/10/2022

Registered in Merimen: ______

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 9492K   Claim No. :

Name of Insured : TENG LU HIN ALEX (DENG YUXING)   Policy No. : Z22VP05030886

Insured Tel No. :   HP: Make / Model :

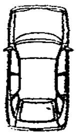
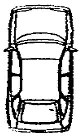
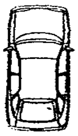
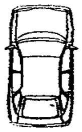
Excess Sec II :S$ D.O.A : 17/10/2022 14:00   Place of Accident : T-JUNCTION WITH TAGORE ROAD

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**

SLW 914A → ______ → ______ → ______

 INSRS: WSP: Zero Gravity Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
SLW 914A -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/LPC22010305/Y 18/10/2022 TENG LU HIN ALEX (DENG YUXING) SLX 9492K SLW 914A 17/10/2022 RBA	Non-Reporting ltr (1st):	
SLX 9492K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/LPC22010305/Y 18/10/2022 TENG LU HIN ALEX (DENG YUXING) SLX 9492K SLW 914A 17/10/2022 RBA	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:	