15/5/2010

INS. CASE OWNER:

CC4/LPC22010429/Epa3

LKK:

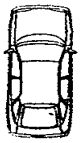
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: Date / Time : 20/10/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 8726C Claim No. : 22/22/22/VC05/026429

Name of Insured : GREENWAVE ENGINEERING PTE LTD Policy No. : Z22VC05012920

Insured Tel No. : HP: Make / Model : Mitsubishi L200

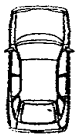
Excess Sec II :S$ D.O.A : 17/10/2022 08:30 Place of Accident : CTE BEFORE EXIT 15

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

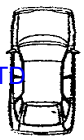
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

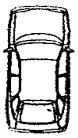
GBG 8310S →



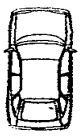
INSRS: VENDA ENGINEERING & TRADING PTE LTD
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBG 8310S - X	
GBB 8726C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC4/LPC20003789/T1da3n2 14/07/2020 SHC 799T GBB 8726C 07/03/2020 15/07/2020 DBR	
CC6/AIG11014191/Uja3y 25/05/2012 SGB 2655D GBB 8726C 19/07/2011 30/05/2012 HMK	
CC7/AIG12014034/Cm1up1 31/08/2012 SJM 2847Z GBB 8726C 09/07/2012 03/09/2012 WSQ	
CS3/FCI20003986/d3XX 13/03/2020 GBB 8726C SHC 799T 07/03/2020 03/09/2020 NVT	
NA/LPC20003748/z4 09/03/2020 MIA MAMUN GBB 8726C SHC 799T 08/03/2020 20/03/2020 HZT	

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:	