15/5/2010

INS. CASE OWNER:

CC4/LPC22010742/pa3

LKK:

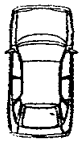
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 28.10.2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SGK 8118B

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

D.O.A : 26/10/2022 21:15

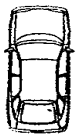
Place of Accident : MAUDE ROAD TOWARDS KING GEORGE'S AVE

Nature of Accident :

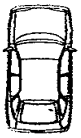
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

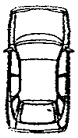
SLP 8060Y → → →



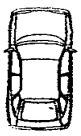
INSRS:
WSP: HUI HUANG HONG BAO MOTORS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLP 8060Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	NBA/LPC22010705/Y 28/10/2022 TEO THIAM CHUAN WILLIAM SGK 8118B SLP 8060Y 26/10/2022 RBA
SGK 8118B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/LPC21010648/gs3XX 15/10/2021 FBL 2494H SGK 8118B 08/10/2021 26/11/2021 LST1
	CS3/LPC21010398/Atf3e2 03/11/2021 SJF 2973D SGK 8118B 08/10/2021 05/11/2021 LST1
	~~CS3/LPC21010398/Atf3e2-1 09/02/2022 SJF 2973D SGK 8118B 08/10/2021 14/02/2022 LST1~~
	CS3/SMO21010394/Avf3e2 19/10/2021 SGK 8118B FBL 2494H 08/10/2021 20/10/2021 LST1
	NBA/LPC21010404/Y 11/10/2021 TEO THIAM CHUAN WILLIAM SGK 8118B FBL 2494H 08/10/2021 18/10/2021 RBA
	~~NBA/LPC22009679/Y 03/10/2022 TEO THIAM CHUAN WILLIAM SGK 8118B SLB 9294G 30/09/2022 06/10/2022 RBA~~
	NBA/LPC22010705/Y 28/10/2022 TEO THIAM CHUAN WILLIAM SGK 8118B SLP 8060Y 26/10/2022 RBA

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:	