15/5/2010

INS. CASE OWNER:

CC4/AIS22010803/pa3

LKK:

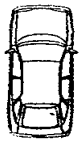
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 31.10.2022

Registered in Merimen: 31.10.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 9594R

Name of Insured : TEO WEI QIANG

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 29/10/2022 00:30

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : SP2003054958

Make / Model : Toyota Wish

Place of Accident : BUKIT PANJANG RD TO BUKIT PANJANG RING RD (FILTER LANE)

Nature of Accident : _____

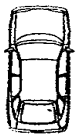
If **NO**, Driver Name / Age :

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

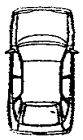
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

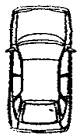
SMJ 5797U → _____ → _____ → _____



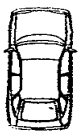
INSRS:
WSP: SpeedWerkz Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMJ 5797U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/CTI19010583/Udb3s2 26/12/2019 SMJ 5797U SKC 5999P 13/06/2019 30/12/2019 LSP NA/INC19010608/k4 14/06/2019 LIM HNG YONG SMJ 5797U SKC 5999P 13/06/2019 18/06/2019 KSG NA/INC19014910/h4 23/08/2019 MUHAMMAD ARIEF BIN ARIS FR 3742G SMJ 5797U 22/08/2019 22/08/2019 LSH		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
SJP 9594R -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS3/INC12003200/Ufn 03/05/2012 GBB 8264T SJP 9594R 13/02/2012 04/05/2012 LPY		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:	