15/5/2010

INS. CASE OWNER: CC4/AIG22011141/pa3 LKK:

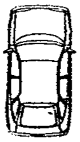
IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 07/11/2022

Registered in Merimen: 08/11/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SKB 6963R Claim No. :

Name of Insured : KHOR JOR WEI KAREN Policy No. :

Insured Tel No. : ______ HP: ______ Make / Model : Mercedes C43

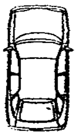
Excess Sec II :S$ ______ D.O.A : 03/11/2022 11:00 Place of Accident : JCT OF WOODLANDS AVE 12 & WOODLANDS AVE 1

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

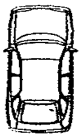
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

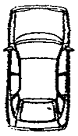
GBF 2779T → ______ → ______ → ______



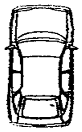
INSRS:
WSP: MS Car Auto Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBF 2779T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/AIG22011021/Y 04/11/2022 MIJAN BIN ALI GBF 2779T SKB 6963R 03/11/2022 07/11/2022 RBA	
SKB 6963R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/AIG22011021/Y 04/11/2022 MIJAN BIN ALI GBF 2779T SKB 6963R 03/11/2022 07/11/2022 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:	