

INS. CASE OWNER:

CC4/LPC22011144/pa3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **08/11/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBE 6128B**Claim No. : **22/22/22/VC05/026534**Name of Insured : **MACRO RANGER ENGINEERING M SERVICES**Policy No. : **Z22VC05014512**

Insured Tel No. : _____ HP: _____

Make / Model : **Mercedes Citan****Excess Sec II :S\$** _____ D.O.A : **05/11/2022 16:30**Place of Accident : **VIVO CITY SHOPPING MALL BASEMENT CARPARK**

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

If **NO**, Driver Name / Age : **TAN KIM POH**

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

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

Insured Liability : % **Final ? Yes / No****SJV 8277G** →INSRS:
WSP: **Cycle & Carriage Industries Pte Ltd**
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Reported By	DATE / PIC
SJV 8277G	CS/FC114009795/Rvm3k3 19/06/2014	SJV 8277G SHA 3990Y 19/05/2014 20/06/2014 BPL	
GBE 6128B	CC3/EQ119000178/K1pa3q2 01/08/2019 SH 9438U GBE 6128B 28/12/2018 06/08/2019 NLMK		
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:	