15/5/2010

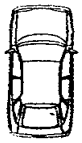
INS. CASE OWNER: ANG Yvonne | CC4/ASM22012040/pa3 | LKK: IDAC: 294326

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 01.12.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 5952U | Claim No. : S2M04FSF

Name of Insured : FOOD FRESH PTE LTD | Policy No. : GA604655

Insured Tel No. : _____ HP: _____ | Make / Model : Isuzu Nhr85aue4aa

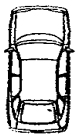
Excess Sec II :S$ _____ D.O.A : 29/11/2022 14:50 | Place of Accident : 1 Somerset Rd, Singapore 238162

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

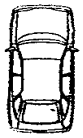
If **NO**, Driver Name / Age : XU MINGCHEN | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

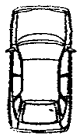
SLF 4315S → _____ → _____ → _____



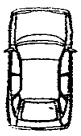
INSRS:
WSP: AUTO 101 LLP
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SLF 4315S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created RBy CC3/AIG17015626/K1hb3q2 01/06/2018 SHA 406M SLF 4315S 06/08/2017 01/06/2018 LSH1		
GBE 5952U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/MSG19020002/Qtf3e2 20/11/2019 SG 6071T GBE 5952U 05/11/2019 20/11/2019 LST1 CS/MSG19019611/Kvf3e2 23/12/2019 SLU 7679T GBE 5952U 05/11/2019 23/12/2019 LST1		

	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:	