

INS. CASE OWNER:

CC4/LPC23000174/Kpa3

IDAC:

ASSIGNMENTSurveyor: KENNETH

DOI: _____

Date / Time : 05/01/2023

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : YP 7901Z

Claim No. : _____

Name of Insured : CHENG HENG PAPER PRODUCTS CO PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 27/12/2022.Place of Accident : CHANGI MALL WAY

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

If NO, Driver Name / Age : _____

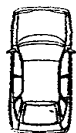
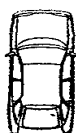
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SNC 2166KINSRS:
WSP: CARTIMES
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
SNC 2166K - X			
YP 7901Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Non-Reporting Ltr (1st):		
CC4/LPC22010850/Epa3 01/11/2022 SMX 70S YP 7901Z 27/10/2022 HMK	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:		
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:		