15/5/2010

INS. CASE OWNER:

CC4/AIS23000280/pa3

LKK:

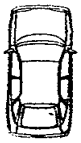
IDAC:

ASSIGNMENT

Surveyor: DOI: Date / Time : 09.01.2023

Registered in Merimen: 09.01.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SNB 4088U

Name of Insured : PUAH SWEE ENG

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : GUI YONG SHUN

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

Claim No. :

Policy No. : SP2001998351-01

Make / Model : Mercedes E 250CGI COUPE

D.O.A : 27/12/2022 00:15

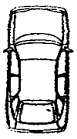
Place of Accident : 203 GEYLANG ROAD

Nature of Accident :

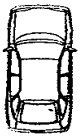
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

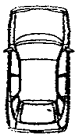
SCQ 3355G → → →



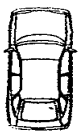
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SCQ 3355G -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/LCR19002613/Upb3q2 07/05/2019 SCQ 3355G SLR 8493X 01/02/2019 10/05/2019 LSP NA/INC09000100/p1 02/01/2009 MORAIS MELVYN SCQ 3355G SFF 3934H 01/01/2009 06/01/2009 LSP NA/INC09015698/c2 14/07/2009 MORAIS MELVYN SCQ 3355G SFX 8042D 14/07/2009 16/07/2009 SW NA/INC14001564/m2 24/01/2014 NG SOON CHEW GU 8118Z SCQ 3355G 24/01/2014 07/02/2014 NRM	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
SNB 4088U - X		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:	