15/5/2010

INS. CASE OWNER:

CC6/AIG23000323/Upa3

LKK:

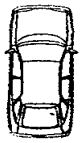
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 10.01.2023 Date / Time : 10.01.2023

Registered in Merimen: 10.01.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 4844K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

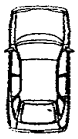
Excess Sec II :S$ D.O.A : 09/01/2023 15:55 Place of Accident : BKE MANDAI

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

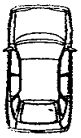
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

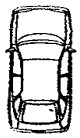
SLJ 2959B → → →



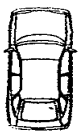
INSRS:
WSP: SOON SAN MOTOR TRADING
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBD 4844K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	NA/AIG23000311/d4 10/01/2023 SUMANCHANDRADAS GBD 4844K SLJ 2959B 10/01/2023 NVT
	NA/FCI19003613/h4 26/02/2019 DEVA KUMAR S/O ALAGAPPAN NADARAJAH GBB 1150J GBD 4844K 22/02/2019 28/02/2019 LSH
SLJ 2959B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/CTI19015679/K1ea3q2 02/01/2020 SHB 3550D SLJ 2959B 03/09/2019 02/01/2020 NMK
	CS3/CTI22009727/Sny3e2 09/11/2022 FBR 5412T SLJ 2959B 27/09/2022 09/11/2022 NMY
	NA/AIG23000311/d4 10/01/2023 SUMANCHANDRADAS GBD 4844K SLJ 2959B 10/01/2023 NVT
	NBA/SMO22009552/Y 28/09/2022 TANARAJ S/O VELLKANNOO FBR 5412T SLJ 2959B 27/09/2022 30/09/2022 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:		