15/5/2010

INS. CASE OWNER:

CC4/III23000389/pa3

LKK:

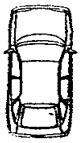
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 11.01.2023

Registered in Merimen: 06.01.2023 by wksp

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 8221G

Name of Insured : LEE GUO SHENG

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 06/01/2023 09:00

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : PIE TOWARDS TUAS BEFORE KJE

Nature of Accident : _____

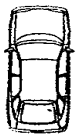
If **NO**, Driver Name / Age :

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

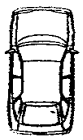
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

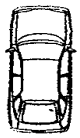
SHD 4992U → _____ → _____ → _____



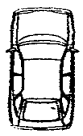
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHD 4992U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/CTI18012549/K1fa3n2 30/08/2018 SHD 4992U GH 99R 06/07/2018 01/09/2018 HMK CC4/AXA17006102/K1ea3q2 18/09/2017 SHD 4992U PC 1515U 27/03/2017 20/09/2017 HMK CC4/LCR18023250/K1jb3q2 17/01/2019 SHD 4992U SLG 7576E 26/12/2018 17/01/2019 LSP CS/SMO18020801/K1qd3n2 28/11/2018 SHD 4992U SKL 7414A 15/11/2018 29/11/2018 NVR NBA/INC16024173/Y 19/12/2016 TENG BEE HONG SGU 5556L SHD 4992U 17/12/2016 09/01/2017 RBA NS/INC16024168/H1qh3m2 04/01/2017 SHD 4992U SGU 5556L 17/12/2016 05/01/2017 CCY		Non-Reporting ltr (1st):
			Non-Reporting ltr (2nd):
			Non-Reporting ltr (Final):
			Notification ltr (if non-pickup):
			Call OI:
SMV 8221G - X			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:		