15/5/2010

INS. CASE OWNER:

CC4/AIS23000399/Upa3

LKK:

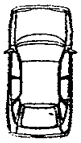
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 12.01.2023 Date / Time : 11.01.2023

Registered in Merimen: 12.01.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 1950R Claim No. :

Name of Insured : KRISHTECH PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

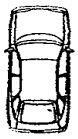
Excess Sec II :S$ D.O.A : 08.01.2023 07:55 Place of Accident :

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

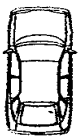
If **NO**, Driver Name / Age : CHINNAIYA SELVAM OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

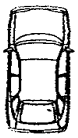
SKQ 754M → → →



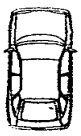
INSRS:
WSP: Progressive Auto
Tel : Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SKQ 754M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Allocated By		**STAGE** **DATE / PIC**
~~CC6/AIG15012507/Kha3q2 23/08/2016 SJU 4681D SKQ 754M 23/07/2015 25/08/2016 CWY~~		Non-Reporting ltr (1st):
~~NBA/LIP15011932/e1 15/07/2015 KOH CHIA LING SKN 2590X SKQ 754M 15/07/2015 28/07/2015 NBS~~		Non-Reporting ltr (2nd):
XE 1950R - X		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:	