15/5/2010

INS. CASE OWNER:

CC6/AIG23000844/Epa3

LKK:

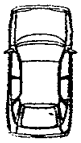
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 27.01.2023 Date / Time : 27.01.2023

Registered in Merimen: 29.01.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 635M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

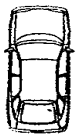
Excess Sec II :S$ D.O.A : 20.01.2022 Place of Accident :

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

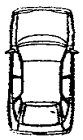
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

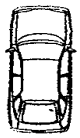
SJP 226M → → →



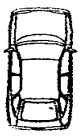
INSRS:
WSP: TLM AUTOMOBILE PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJP 226M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC6/AIG14008454/Uv1a3c3 06/06/2014 SJP 226M SKM 1717K 05/05/2014 10/06/2014 HMK
NA/LIP23000762/W 26/01/2023 CHRIS VOO HONG PING SJP 226M GBF 635M 20/01/2023 27/01/2023 NVT

GBF 635M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CS/AIG21009202/Gqf3e2 23/03/2022 GBF 635M 26/08/2021 23/03/2022 LST1
CS3/MSG17009971/Nvbe2 21/08/2018 GX 7458H GBF 635M 10/02/2017 23/08/2018 CKS
NA/AIG22001412/m4 14/02/2022 MOHAMAD RIAD BIN ZAINAL GBF 635M SMV 9365T 22/01/2022 18/02/2022 SML
NA/LIP23000762/W 26/01/2023 CHRIS VOO HONG PING SJP 226M GBF 635M 20/01/2023 27/01/2023 NVT
NA/MSG17002789/h4 10/02/2017 MOHAMAD TAUFIQ BIN BENDIAMIN GBF 635M GX 7458H 10/02/2017 13/02/2017 LSH
NA/MSG17002971/s4 14/02/2017 HERMAN BIN MOHD YUNUS GBF 9386C GBF 635M 10/02/2017 12/02/2017 HMF

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:	