15/5/2010

INS. CASE OWNER:

CC4/AIS23000922/pa3

LKK:

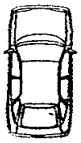
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 30.01.2023

Registered in Merimen: 31.01.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SMP 333B

Claim No. : _____

Name of Insured : XI SHIRLEY TIAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 21/01/2023 21:30

Place of Accident : CTE, Singapore

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

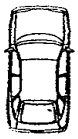
If **NO**, Driver Name / Age :

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

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

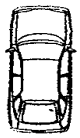
Insured Liability : % **Final ? Yes / No**

SNF 6982D → _____ → _____ → _____

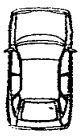


INSRS:
WSP: Motorway Car
Tel : Care Centre Pte Ltd
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SNF 6982D - X			
SMP 333B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
	CS3/MSG20013871/Gqd3e2 24/12/2020 SMW 4306S SMP 333B 12/12/2020 24/12/2020 NVT	Non-Reporting ltr (2nd):	
	CS3/MSG20013871/Gqd3e2-1 21/04/2021 SMW 4306S SMP 333B 12/12/2020 21/04/2021 LSH1	Non-Reporting ltr (Final):	
	NA/INC20013917/h4 16/12/2020 NG WEI LIANG SMW 4306S SMP 333B 12/12/2020 22/01/2021 LSH	Notification ltr (if non-pickup):	
	NBA/INC20005399/Y 27/04/2020 NG YING TING SJX 5991L SMP 333B 24/04/2020 04/05/2020 RBA	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:	