15/5/2010

INS. CASE OWNER:

CC4/LPC23001115/Apa3

LKK:

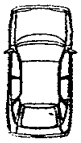
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 02.02.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GY 4750C

Name of Insured : HS_CM ENGINEERING PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 01.02.2023

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : KOH SEOK HUAT

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

Claim No. :

Policy No. :

Make / Model :

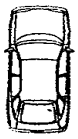
Place of Accident : ADMIRALTY ROAD WEST

Nature of Accident :

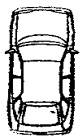
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

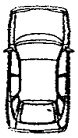
SLM 5890D →



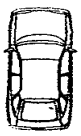
INSRS:
WSP: N-51 AUTOMOTIVE PL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLM 5890D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC4/ASM19010512/R1ga3q2 03/09/2019 SLM 5890D SBH 1010Z 12/06/2019 06/09/2019 HMK	
NA/LPC23001068/d4 02/02/2023 KOH SEOK HUAT GY 4750C SLM 5890D 01/02/2023 NVT	
GY 4750C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/MSG15015196/Uvbd1 21/09/2015 YN 5729D GY 4750C 20/08/2015 23/09/2015 CKL	
NA/LPC23001068/d4 02/02/2023 KOH SEOK HUAT GY 4750C SLM 5890D 01/02/2023 NVT	

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:	