15/5/2010

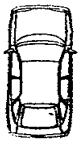
INS. CASE OWNER: HO Winnie | CC4/HSB23001298/Apa3 | LKK: IDAC: 302463

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 07/02/2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKG 6530E Claim No. : S3M04IWW

Name of Insured : HUANG WEN I Policy No. : GA542936

Insured Tel No. : HP: Make / Model : Kia Sorento

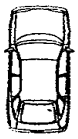
Excess Sec II :S$ D.O.A : 03/02/2023 15:57 Place of Accident : AYE

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

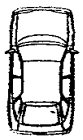
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

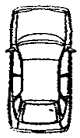
SJP 93D →



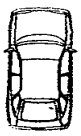
INSRS:
WSP: ADVANCE AUTO GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJP 93D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/INC17008481/Y 29/04/2017 BAY BOON MENG WILLY SJP 93D SJU 3737J 28/04/2017 09/05/2017 RBA NA/LIP15008277/F 18/05/2015 NURSERIWATY BINTE RAHIM SGB 3409S SJP 93D 18/05/2015 20/05/2015 FCF	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SKG 6530E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (Final):	
	CC6/AIG19014424/Ues3q2 02/03/2020 SGQ 6753Z SKG 6530E 17/08/2019 03/03/2020 LSR	Notification ltr (if non-pickup):	
	CS3/AIG19007506/Ecd3e2 14/05/2019 SKV 4641C SKG 6530E 26/04/2019 16/05/2019 NVT NA/TMI19007397/k4 26/04/2019 LEE BOON KEONG (LI WENQIANG) SKV 4641C SKG 6530E 26/04/2019 03/05/2019 KSG	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:	