15/5/2010

INS. CASE OWNER:

CC4/AIS23001819/pa3

LKK:

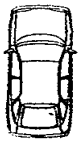
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 19.02.2023

Registered in Merimen: 19.02.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 2545U

Name of Insured : BIS MOTORING PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 17/02/2023 02:10

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

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : Lavender St., Singapore
kallang junction

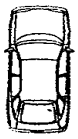
If **NO**, Driver Name / Age :

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

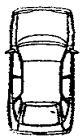
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

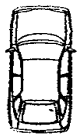
SHC 2275A → _____ → _____ → _____



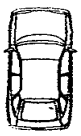
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
SHC 2275A -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Status Created By		Non-Reporting ltr (1st):	
	CC3/AXA12007306/H1ec3q2 19/10/2012 SHC 2275A SFM 4357E 26/03/2012 30/10/2012 TLF		Non-Reporting ltr (2nd):	
	NS/INC10024435/Fr1 04/01/2011 SHC 2275A SGS 4153H 26/11/2010 10/01/2011 TCT		Non-Reporting ltr (Final):	
SMK 2545U - X	NS/INC18002455/M1vbe2 02/03/2018 SHC 2275A SJK 7721E 05/02/2018 06/03/2018 ERL		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:	