15/5/2010

INS. CASE OWNER: CC4/III23001938/ya3 LKK:

IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 21.02.2023

Registered in Merimen: 21.02.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : SMX 2402E

Name of Insured : Ow Keng Hua

Insured Tel No. : ______ HP: ______

Excess Sec II :S$ ______ D.O.A : 19/02/2023 11:15

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

If **NO**, Driver Name / Age : Lim Beng Teck

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

Claim No. : ______

Policy No. : D21MPC0001185_01

Make / Model : Mercedes E200

Place of Accident : JOO CHIAT ROAD

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

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

SMA 6226S → ______ → ______ → ______

INSRS: WSP: JSSM AUTOSOLUTIONS PTE LTD Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time

SMA 6226S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
NA/III23001835/W 20/02/2023 Lim Beng Teck SMX 2402E SMA 6226S 19/02/2023 MAM

SMX 2402E -Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
NA/III23001835/W 20/02/2023 Lim Beng Teck SMX 2402E SMA 6226S 19/02/2023 MAM

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:	