15/5/2010

INS. CASE OWNER:

CC4/LPC23002092/Kpa3

LKK:

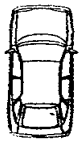
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: Date / Time : 23.02.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 4947S Claim No. : 22/23/23/VC05/027009

Name of Insured : SHINEWAY ENGINEERING PTE LTD Policy No. : Z22VC05014878

Insured Tel No. : HP: Make / Model :

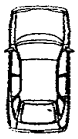
Excess Sec II :S$ D.O.A : 19/02/2023 17:40 Place of Accident : Alexandra Rd, Singapore

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

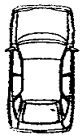
If **NO**, Driver Name / Age : SIVAKUMAR PREMKUMAR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

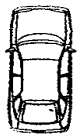
SLH 561M → → →



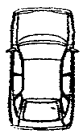
INSRS:
WSP: K KIM HIN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
GBE 4947S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/LPC20000594/Aka3s2 24/09/2020 SJK 6685H GBE 4947S 06/01/2020 25/09/2020 HMK CC4/LPC22003400/Epa3q2 23/06/2022 YL 1975X GBE 4947S 11/03/2022 HMK NA/GAI18003020/r3 14/02/2018 SANTHANATHAN PREMKUMAR GBE 4947S SDA 2232 14/02/2018 22/02/2018 RBW NA/GAI18014856/k4 15/08/2018 SANTHANATHAN PREMKUMAR GBE 4947S XD 6138S 14/08/2018 24/08/2018 KSG NA/GAI18018999/r3 19/10/2018 SANTHANATHAN PREMKUMAR GBE 4947S SLE 6671E 19/10/2018 25/10/2018 RBW	
SLH 561M - X		

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:	