15/5/2010

INS. CASE OWNER:

CC4/LPC23002137/Upa3

LKK:

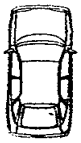
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 27.02.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJS 1892S Claim No. :

Name of Insured : MOHAMMAD BIN KADER Policy No. : Z22VP05031613

Insured Tel No. : HP: Make / Model :

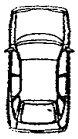
Excess Sec II :S$ D.O.A : 26/02/2023 20:45 Place of Accident : LORONG 1 GEYLANG TURNING INTO SIMS AVENUE

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

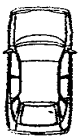
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

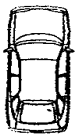
SLU 983K → → →



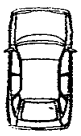
INSRS:
WSP: Zoom Autowerks Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLU 983K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC6/AIG22000703/Uga3 19/01/2022 SLU 983K SML 1587A 18/01/2022 LSL1
CS/CTI22002048/Uty3n2 05/04/2022 SLU 983K SJX 7784E 02/03/2022 05/04/2022 NMY
NA/CTI22006765/r3 18/07/2022 QUYANG JIANFENG SJX 7784E SLU 983K 02/03/2022 25/07/2022 RTeW
NA/INC18015493/k4 27/08/2018 SONG CHIN CHAN SKP 9530M SLU 983K 25/08/2018 04/09/2018 KBG
NA/LPC23002135/d4 27/02/2023 MOHAMMAD BIN KADER SJS 1892S SLU 983K 26/02/2023 NVT

SJS 1892S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
NA/INC14000390/e1 07/01/2014 YEE CHEE HOW ALVIN SJS 1892S SGP 6364T 07/01/2014 13/01/2014 NBS
NA/LPC23002135/d4 27/02/2023 MOHAMMAD BIN KADER SJS 1892S SLU 983K 26/02/2023 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:	