15/5/2010

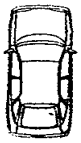
INS. CASE OWNER: ANG Yvonne | CC4/HSB23002277/pa3 | LKK: IDAC: 304922

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 02.03.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKN 3055T | Claim No. : S3M04K09

Name of Insured : CHUA CHUAN | Policy No. : GA043950

Insured Tel No. : _____ HP: _____ | Make / Model : Toyota CAMRY

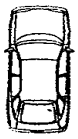
Excess Sec II :S$ _____ D.O.A : 01/03/2023 08:15 | Place of Accident : SLE TWDS MANDAI

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

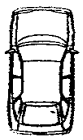
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

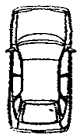
SLJ 2959B → _____ → _____ → _____



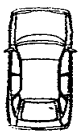
INSRS:
WSP: SOON SAN MOTOR TRADING
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLJ 2959B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
~~CC3/CTI19015679/K1ea3q2 02/01/2020 SHB 3550D SLJ 2959B 03/09/2019 02/01/2020 HMK~~
~~CC6/AIG23000323/Upa3 10/01/2023 SLJ 2959B GBD 4844K 09/01/2023 HMK~~
~~CS3/CTI22009727/Sny3e2 09/11/2022 FBR 5412T SLJ 2959B 27/09/2022 09/11/2022 NMY~~
~~NA/AIG23000311/d4 10/01/2023 SUMANCHANDRADAS GBD 4844K SLJ 2959B 10/01/2023 18/01/2023 NVT~~
~~NA/CTI23000332/W 10/01/2023 Tang Chin Liang SLJ 2959B GBD 4844K 09/01/2023 13/01/2023 MAM~~
NA/CTI23002224/d4 02/03/2023 TANG CHIN LIANG SLJ 2959B SKN 3055T 01/03/2023 02/03/2023 NVT
~~NBA/SMO22009552/Y 28/09/2022 TANARAJ S/O VELLKANNOO FBR 5412T SLJ 2959B 27/09/2022 30/09/2022 RBA~~

SKN 3055T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
~~NA/CTI23002224/d4 02/03/2023 TANG CHIN LIANG SLJ 2959B SKN 3055T 01/03/2023 02/03/2023 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:	