15/5/2010

INS. CASE OWNER:

CC4/AIS23002321/ya3

LKK:

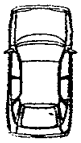
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03.03.2023

Registered in Merimen: 03.03.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 7333T

Name of Insured : LEE CHIAN PHEN

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 23/12/2022 12:55

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

If **NO**, Driver Name / Age : WEE EE CHIN

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

Claim No. : _____

Policy No. : SP2001889433-01

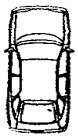
Make / Model : Honda Civic

Place of Accident : Paya Lebar, Singapore

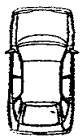
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

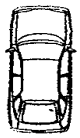
YP 2294A → _____ → _____ → _____



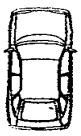
INSRS:
WSP: CDGE BRADDELL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
YP 2294A - X		**STAGE** **DATE / PIC**
SMD 7333T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Contacted By	Non-Reporting ltr (1st):
	NA/AIG19005722/r3 01/04/2019 HO CHIN NREN,TERENCE(HE JINREN) SLZ 2673R SMD 7333T 31/03/2019 04/04/2019 RBW	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:
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:	