15/5/2010

INS. CASE OWNER:

CC6/CTI23002480/Apa3

LKK:

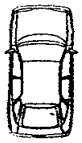
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 21/02/2023 Date / Time : 21/02/2023

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SJK 6370R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

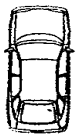
Excess Sec II :S$ D.O.A : 15/02/2023 08:05 Place of Accident : WOODLANDS AVE 5

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

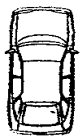
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

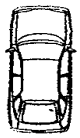
PD 3993D → → →



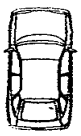
INSRS:
WSP: YSK AUTO WORKSHOP
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
PD 3993D - X	
SJK 6370R -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/ASM19005572/Ega3s2 13/11/2019 SJK 6370R SMG 7723K 26/03/2019 18/11/2019 HMK
	CC6/CTI20008324/Uea3q2 08/02/2021 SLH 4602C SJK 6370R 11/08/2020 09/02/2021 HMK
	CS/MSG21008994/Bvf3e2 15/11/2021 SJK 6370R SLH 2104L 26/08/2021 15/11/2021 LST1
	NA/CTI20004331/h4 21/03/2020 SELVARAJU SUBRAMANIAM SJK 6370R SLR 24U 20/03/2020 25/03/2020 LST1
	NBA/CTI21008991/Y 26/08/2021 SELVARAJU SUBRAMANIAM SJK 6370R SLH 2104L 26/08/2021 03/09/2021 RBA
	NBA/CTI21009584/Y 13/09/2021 SELVARAJU SUBRAMANIA SJK 6370R GBK 3446X 10/09/2021 21/09/2021 RBA

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:			