15/5/2010

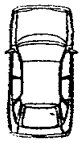
INS. CASE OWNER: Chan Kian Chuan | CC4/AIS23002541/Tya3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 10/03/2023 Date / Time : 09.03.2023

Registered in Merimen: 07.03.2023 BY WKSP

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 6507K Claim No. :

Name of Insured : KIM SOON LEE (LIM) HEAVY TRANSPORT PTE LTD Policy No. : SPCM1000000464

Insured Tel No. : HP: Make / Model : Hino XZU710R 14FT WIDE CAB 7T

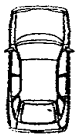
Excess Sec II :S$ D.O.A : 06/03/2023 08:00 Place of Accident : 37 CHAI CHEE AVE OPEN SPACED CAR PARK

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

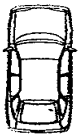
If **NO**, Driver Name / Age : NG KONG CHUAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

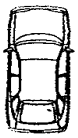
GBE 5824G → → →



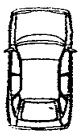
INSRS:
WSP: KFS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
GBE 5824G - X		**STAGE** **DATE / PIC**
YP 6507K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Client reporting / Close
CS3/MSG18015778/R1vd3e2-1 03/12/2018 SJS 6589K YP 6507K 21/08/2018 04/12/2018 NVT		Notification ltr (if non-pickup):
CS3/MSG18015778/R1z4d3e2 11/09/2018 SJS 6589K YP 6507K 21/08/2018 11/09/2018 NVT		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:	