15/5/2010

INS. CASE OWNER:

CC4/AIS23002635/Tpa3

LKK:

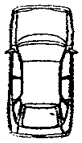
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 14.03.2023 Date / Time : 13.03.2023

Registered in Merimen: 14.03.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 7611D Claim No. :

Name of Insured : LIM JING JUN Policy No. : SP2001652077

Insured Tel No. : HP: Make / Model :

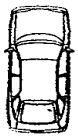
Excess Sec II :S$ D.O.A : 10/03/2023 22:30 Place of Accident : Alexandra Rd, Singapore

Is driver the owner? (YES / NO) Nature of Accident : TOWARDS IKEA (OPPOSITE DAWSON SHOPPING MALL)

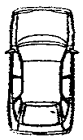
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

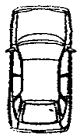
SH 8725Y → → →



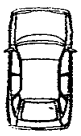
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SH 8725Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG10021108/Fn1f2q2 07/12/2010 SH 8725Y SFP 808G 17/10/2010 14/12/2010 KWS
	CC3/III18006488/Keb3q2 22/10/2018 SHD 9920U SH 8725Y 04/04/2018 23/10/2018 LSP
	NS/INC22012744/Nncm4 13/01/2023 SH 8725Y GV 9090G 13/12/2022 13/01/2023 FWL
SMK 7611D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS6/AIS23002633/Hny3 14/03/2023 SMK 7611D 10/03/2023 NMY

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:	