15/5/2010

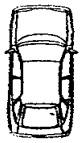
INS. CASE OWNER: HO Winnie | CC4/HSB23002804/Upa3 | LKK: IDAC: 306502

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/03/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 7423K | Claim No. : S3M04KKQ

Name of Insured : CHUA KIA KHIAN (CAI JIAQIAN) | Policy No. : GA534412

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

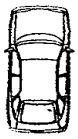
Excess Sec II :S$ _____ D.O.A : 16.03.2023 | Place of Accident : PIE (Tuas) after CTE(City) Exit

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

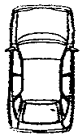
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

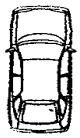
SJK 3273H → _____ → _____ → _____



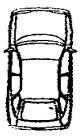
INSRS:
WSP: Lee Brothers Automotive Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SJK 3273H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
~~CC4/CAI14021889/M1ua3q2 29/08/2015 SHA 4052Z SJK 3273H 21/11/2014 31/08/2015 CKL~~			
~~CS/AGI21010270/Utf3n2 13/10/2021 SJK 3273H SKS 3767X 04/10/2021 13/10/2021 LST~~			
~~CS/CAI14022029/Rtbd1 24/12/2014 SJK 3273H 21/11/2014 26/12/2014 CKL~~			
~~NA/LIP12001268/e1 18/01/2012 LIM SOK TIAN SJK 3273H XB 5644P 17/01/2012 19/01/2012 NBS~~			
SMJ 7423K - X		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:	☐
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:	