15/5/2010

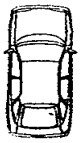
INS. CASE OWNER: HO Winnie | CC4/ASM23003028/Upa3 | LKK: IDAC: 306929

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 23.03.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJQ 4155C Claim No. : S3M04KTI

Name of Insured : PEH KAR YUEAN Policy No. : GA540749

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

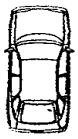
Excess Sec II :S$ _____ D.O.A : 22.03.2023 Place of Accident : _____

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

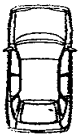
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

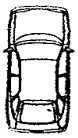
SKQ 6257S → _____ → _____ → _____



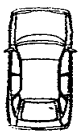
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKQ 6257S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG15006288/Avbc2 03/09/2015 SKQ 6257S 01/04/2015 10/09/2015 CKL CC3/AIG17002390/K1yb3q2 31/07/2017 SHF 288K SKQ 6257S 03/02/2017 03/08/2017 LSP CC3/AIG17002631/Avbe2 09/05/2019 SKQ 6257S 03/02/2017 10/05/2019 CKL CC6/AIG15005707/Gwa3s2 16/06/2015 SJL 7237G SKQ 6257S 01/04/2015 18/06/2015 HMK NA/III15016770/e1 05/10/2015 NG CHIEW KHIONG XD 8233L SKQ 6257S 03/10/2015 08/10/2015 NBS
SJQ 4155C - X	

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:	