15/5/2010

INS. CASE OWNER:

CC4/LPC23003276/Kya3

LKK:

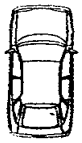
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 29.03.2023 Date / Time : 29.03.2023

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 3162K Claim No. : 22/23/23/VC05/027186

Name of Insured : SOVEREIGN SECURITY SERVICES PTE LTD Policy No. : Z22VC05012329

Insured Tel No. : HP: Make / Model : Renault Kangoo

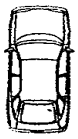
Excess Sec II :S$ D.O.A : 27/03/2023 18:30 Place of Accident : BUKIT TIMAH ROAD

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

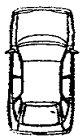
If **NO**, Driver Name / Age : PONRAMAN SURESH KUMAR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

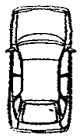
SB 8000L → → →



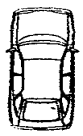
INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SB 8000L -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/AXA10022104/Ry1bq2 10/06/2011 SFZ 9913Z SB 8000L 02/10/2010 20/06/2011 CYK
	NA/LPC23003221/d4 29/03/2023 PONRAMAN SURESH KUMAR GBG 3162K SB 8000L 29/03/2023 29/03/2023 NVT
GBG 3162K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC6/CTI19017178/Aka3n2 21/09/2020 SKR 5235G GBG 3162K 26/09/2019 22/09/2020 SSF
	NA/EQI20008543/r3 17/08/2020 VEERAPPAN JEEVANATHAN GBG 3162K GZ 7694G 18/08/2020 18/08/2020 RBW
	NA/LPC23003221/d4 29/03/2023 PONRAMAN SURESH KUMAR GBG 3162K SB 8000L 29/03/2023 29/03/2023 NVT

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:	