15/5/2010

INS. CASE OWNER:

CC4/AIS23003437/Apa3

LKK:

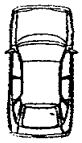
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 31.03.2023

Registered in Merimen: 03.04.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SDY 1211Y Claim No. :

Name of Insured : WEE TEE PENG GEORGE Policy No. : SP2004501635

Insured Tel No. : HP: Make / Model :

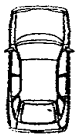
Excess Sec II :S$ D.O.A : 27/03/2023 09:20 Place of Accident : Near Bef Bedok Rd, Singapore

Is driver the owner? (YES / NO) Nature of Accident : Upper Changi Road East before Bedok Road (before bridge)

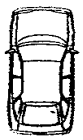
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

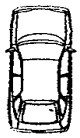
PC 7933G → → →



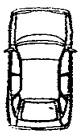
INSRS:
WSP: YSK AUTO WORKSHOP
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
PC 7933G - X		**STAGE** **DATE / PIC**
SDY 1211Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (1st):
CC4/ASM18019552/Kpa3q2 11/11/2019 SLG 9154B SDY 1211Y 22/10/2018 14/11/2019 HWK		Non-Reporting ltr (2nd):
CC4/AXA17015008/Ueb3q2 14/06/2018 SLP 8795K SDY 1211Y 31/07/2017 20/06/2018 LSH		Non-Reporting ltr (Final):
NA/INC09005853/e1 17/03/2009 SIEW YIN KUM SBU 7946R SDY 1211Y 17/03/2009 20/03/2009 TYP		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:	