15/5/2010

INS. CASE OWNER:

CC4/LPC23003827/pa3

LKK:

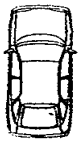
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 12.04.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 8942Z

Name of Insured : YONGSHENG E & C PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 11/04/2023 08:30

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : LI GEN

Driver Tel No. : (V/L: YES / NO)

Claim No. : 22/23/23/VC05/027246

Policy No. : Z22VC05014755

Make / Model : _____

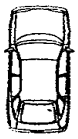
Place of Accident : MT VERNON RD (LAMP POST 12)

Nature of Accident : _____

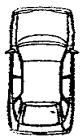
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

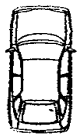
SDT 1909U → _____ → _____ → _____



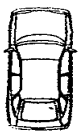
INSRS:
WSP: SME MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SDT 1909U - X XD 8942Z - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	*TP converted OD claim.	Notification ltr (if non-pickup):
		Call OI:
	*Submit WP report toLLPC	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~~ SUBMIT	Date/Time: Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 6,550.00 (5 days) Reduction: 28 %	Excluded check items $690.00 Email Call
FINAL SETTLEMENT	Date/Time: Confirm with	Email Call
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
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~~ /WP
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** **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:	