15/5/2010

INS. CASE OWNER:

CC4/LPC23004081/Tya3

LKK:

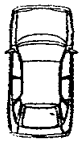
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 12.04.2023 Date / Time : 12.04.2023

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 5459L Claim No. : 22/23/23/VP05/027254

Name of Insured : LENG CHIN FAI Policy No. : Z22VP05031177

Insured Tel No. : HP: Make / Model :

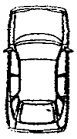
Excess Sec II :S$ D.O.A : 11/04/2023 20:50 Place of Accident : Jln Kembangan, Singapore

Is driver the owner? (YES / NO) Nature of Accident : junction of jalan kembangan & sims avenue east

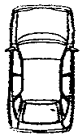
If **NO**, Driver Name / Age : TAN PING JEE CHRISTINE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

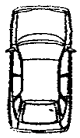
SHD 1662S → → →



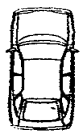
INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHD 1662S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CC3/AIG15015000/H1ja3n2 10/09/2015 SHD 1662S SKT 2557L 28/08/2015 15/09/2015 LSH1	
	CC3/CTI21001881/T1ea3q2 28/05/2021 SHD 1662S CBJ 467K 05/02/2021 31/05/2021 LMK	
	CC3/III15015311/Rha3n2 12/01/2016 SKT 2557L SHD 1662S 28/08/2015 13/01/2016 LVE	
	CC3/QBE17023043/K1ea3q2 22/03/2018 SHD 1662S FBB 5431Y 04/12/2017 03/04/2018 LMK	
	CC4/AIG12005446/H1sa3q2 15/05/2012 SHD 1662S SBY 977B 13/03/2012 16/05/2012 LMK	
SLN 5459L - 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:	