15/5/2010

INS. CASE OWNER:

CC4/AIS23004296/Aya3

LKK:

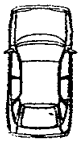
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 26.04.2023

Registered in Merimen: 26.04.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 1225G Claim No. :

Name of Insured : SINGMAR MARINE AND OFFSHORE PTE. LTD. Policy No. : SP2003732344

Insured Tel No. : HP: Make / Model :

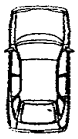
Excess Sec II :S$ D.O.A : 12.04.2023 14:15 Place of Accident :

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

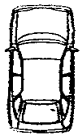
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

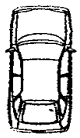
XE 5757G → → →



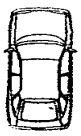
INSRS: RYDER AUTO
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
XE 5757G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
NBA/CTI21011405/Y 09/11/2021 WONG SENG KHUAN PC 2970G XE 5757G 08/11/2021 15/11/2021 RBA		Non-Reporting ltr (1st):	
YP 1225G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
CS/AIS23004000/Tqp3 18/04/2023 YP 1225G 12/04/2023 RAP		Non-Reporting ltr (Final):	
NA/INC16005088/d2 18/03/2016 TAN LAN BIN SGP 3159P YP 1225G 17/03/2016 24/03/2016 NLS		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:	