15/5/2010

INS. CASE OWNER: CC4/LPC23004337/Upa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 27/04/2023 Date / Time : 26.04.2023

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : XE 6505K		Claim No. :	22/2/23/VC05/027321
Name of Insured : BUILDMATE (S) PTE LTD		Policy No. :	Z22VC05011782
Insured Tel No. :	HP:	Make / Model :	Isuzu Cyh52t
Excess Sec II :S$	D.O.A : 26/04/2023 13:00	Place of Accident :	INTERSECTION OF EUNOS AVENUE 7 TURNING LEFT TO EUNOS ROAD 2
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age : CHAI XINGXING

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

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

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

SNJ 8657J → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: FASTECH AUTO PTE LTD	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time

XE 6505K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Acc[...]Date Close Date Created By
NA/LPC22009724/r3 03/10/2022 CHAI XINGXING XE 6505K SLF 8801D 01/10/2022 12/10/2022 RBW
NA/LPC23004323/d4 27/04/2023 CHAI XINGXING XE 6505K SNJ 8657J 26/04/2023 28/04/2023 NVT
SNJ 8657J - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
NA/LPC23004323/d4 27/04/2023 CHAI XINGXING XE 6505K SNJ 8657J 26/04/2023 28/04/2023 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:	