15/5/2010

INS. CASE OWNER:

CC4/III23004435/Sya3

LKK:

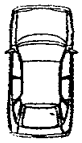
IDAC:

ASSIGNMENT

Surveyor: IRFAN DOI: Date / Time : 02.05.2023

Registered in Merimen: 28.04.2023 BY WKSP

Pre-assign / CCU / FTE



Insured Vehicle No. : SNB 8760K Claim No. :

Name of Insured : SKYWAY MOTOR PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

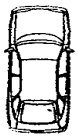
Excess Sec II :S$ D.O.A : 28/04/2023 08:45 Place of Accident : PIE NEAR EXIT 8B

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

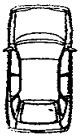
If **NO**, Driver Name / Age : CHOO CHEE SENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

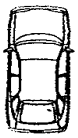
SHC 1196B → → →



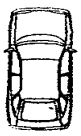
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHC 1196B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG09012986/Ywq1 03/08/2009 SHC 1196B SJQ 1368A 09/06/2009 06/08/2009 TCE CD3/AIG09012986/N 02/07/2009 SHC 1196B SJQ 1368A 09/06/2009 06/11/2009 TCE CS/FCI18021434/Dvd3n2 26/12/2018 SHC 2988B SHC 1196B 26/11/2018 27/12/2018 NVT CS/FCI19017530/K1yf3n2 01/11/2019 SHD 1477K SHC 1196B 03/10/2019 04/11/2019 ATS CS/INC09021450/Cn 07/10/2009 SHC 1196B SJC 6519Y 23/09/2009 06/10/2009 CPH CS/TMI20013510/T1qf3q2 24/12/2020 SHC 1196B SLJ 5986C 03/12/2020 24/12/2020 LST1 NS/INC12005541/H1qn 08/05/2012 SHC 1196B GP 1978E 15/03/2012 09/05/2012 LYT		Non-Reporting ltr (1st):
			Non-Reporting ltr (2nd):
			Non-Reporting ltr (Final):
			Notification ltr (if non-pickup):
			Call OI:
SNB 8760K - X			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:		