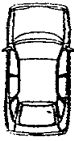


INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**DOI: **05.05.2023**Date / Time : **05.05.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLD 7437P**Claim No. : **S3M04M7Y**Name of Insured : **MINGDO TRADING & SERVICES**Policy No. : **GA476301**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **03.05.2023 15:30**

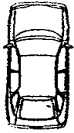
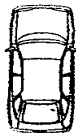
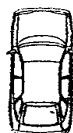
Place of Accident : _____

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****SKW 106C**INSRS:
WSP: **SpeedWerkz**
Tel : **Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SKW 106C - X			
SLD 7437P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date - Close Date - Created By			
CC6/AIG18001028/Uwa3q2 13/04/2018 SKM 8035Z SLD 7437P 15/01/2018 16/04/2018 HMF			
NA/AIG18000919/z4 16/01/2018 TAN BOON WAH SLD 7437P SKM 8035Z 15/01/2018 17/01/2018 HZT			
		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:		