

INS. CASE OWNER:

CC4/LPC23004960/ya3

IDAC:

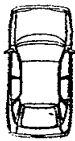
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 15.05.2023

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SLC 7465MClaim No. : 22/23/23/VP05/027227Name of Insured : KOH SIOK BEEPolicy No. : 22VP05031187

Insured Tel No. : _____ HP: _____

Make / Model : _____

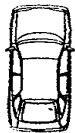
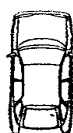
Excess Sec II :\$ _____ D.O.A : 06/04/2023 19:00Place of Accident : Near 2 Holland Grove Rd, Singapore 2787

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**SKA 8168LINSRS:
WSP: **HONG SEH**
Tel : **MOTORS PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLC 7465M - X			
SKA 8168L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	NA/AWA20002030/z4 05/02/2020 POON SWEE HOW YM 497K SKA 8168L	04/02/2020	17/02/2020 HZT
		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:	☐
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:	