15/5/2010

INS. CASE OWNER: CC4/LPC23005174/Kya3

LKK:

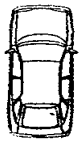
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 22/05/2023 Date / Time : 20.05.2023

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 9232H Claim No. : 22/23/23/VC05/027298

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

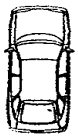
Excess Sec II :S$ D.O.A : 18/04/2023 17:10 Place of Accident : outside Blk 5054 Ang Mo Kio Ind Park 2 #01-1117 carpark

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

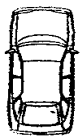
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

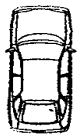
YN 5558E → → →



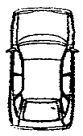
INSRS:
WSP: K KIM HIN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
YN 5558E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	NA/LPC23004061/d4 20/04/2023 MA WENJIAN YP 9232H YN 5558E 18/04/2023 20/04/2023 NVT
YP 9232H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/LPC18022790/T1ea3n2 29/01/2020 SLL 1849G YP 9232H 17/12/2018 29/01/2020 LSP
	NA/CTI23004221/d4 25/04/2023 PUSHPARAJ MARTIN GY 8682P YP 9232H 21/04/2023 25/04/2023 NVT
	NA/LPC18022628/z4 17/12/2018 TIEN CHIEW NAM YP 9232H SLL 1849G 17/12/2018 26/12/2018 HZT
	NA/LPC23004061/d4 20/04/2023 MA WENJIAN YP 9232H YN 5558E 18/04/2023 20/04/2023 NVT
	NA/LPC23004174/d4 24/04/2023 GAO LEI YP 9232H GY 8682P 21/04/2023 25/04/2023 NVT

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
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:	