15/5/2010

INS. CASE OWNER:

CC4/III23005432/pa3

LKK:

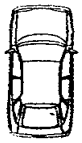
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 29.05.2023

Registered in Merimen: 29.05.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 3250G

Name of Insured : CENTURY AUTO LEASING PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 24/05/2023 13:45

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : AGEN LIM

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

Claim No. : _____

Policy No. : _____

Make / Model : Toyota PRIUS

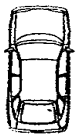
Place of Accident : PASIR RIS RISE

Nature of Accident : _____

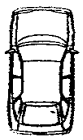
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

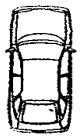
SHA 3381E → _____ → _____ → _____



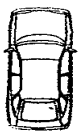
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHA 3381E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/AIG09014638/Cn1j 19/08/2009 SHA 3381E SGX 9194E 29/06/2009 20/08/2009 CPH
CC3/AIG13011894/M1a2a3w2 06/08/2013 SHA 3381E SJW 9710K 28/06/2013 07/08/2013 HMK
NA/INC15001464/Y 26/01/2015 KOH PEE TECK SFW 1086D SHA 3381E 25/01/2015 29/01/2015 RSA
NA/INC19017019/h4 27/09/2019 NEO CHIN TECK FBK 9805D SHA 3381E 27/09/2019 01/10/2019 LSH

SLX 3250G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
NA/AIG19020816/z4 25/11/2019 SITHIRAVELU THIRUMURUGAN GX 3325J SLX 3250G 25/11/2019 29/11/2019 HZT
NA/INC19009589/k4 30/05/2019 JOHAN BIN ABDULLAH SLX 3250G SLC 9899G 28/05/2019 04/06/2019 KSG
NA/INC19012605/h4 17/07/2019 JOHAN BIN ABDULLAH SLX 3250G GW 1888U 12/07/2019 23/07/2019 LSH

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