15/5/2010

INS. CASE OWNER:

CC6/III23005453/Uya3

LKK:

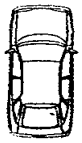
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 30.05.2023

Registered in Merimen: 30.05.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SNB 1819Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

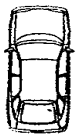
Excess Sec II :S$ D.O.A : 28/05/2023 09:45 Place of Accident : Hougang St. 32, Singapore CAR PARK

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

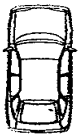
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

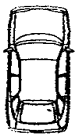
SNK 3036D → → →



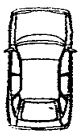
INSRS:
WSP: Choo Motor
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SNK 3036D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/CTI23005436/Y 29/05/2023 NG KOK CHONG SNK 3036D SNB 1819Y 28/05/2023 RBA		
SNB 1819Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/CTI23005436/Y 29/05/2023 NG KOK CHONG SNK 3036D SNB 1819Y 28/05/2023 RBA		

STATUS	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
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:		☐
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:		