15/5/2010

INS. CASE OWNER:

CC4/AIS23006331/ya3

LKK:

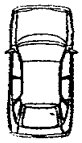
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 21.06.2023

Registered in Merimen: 22.06.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 4111B Claim No. : _____

Name of Insured : 800 SUPER WASTE MANAGEMENT PTE LTD Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

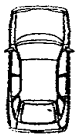
Excess Sec II :S$ _____ D.O.A : 19/06/2023 11:00 Place of Accident : TPE TWDS SLE

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

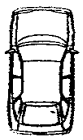
If **NO**, Driver Name / Age : MUHAMMAD HAIZAL BIN ZAIDI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

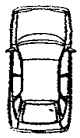
YQ 3810Z → _____ → _____ → _____



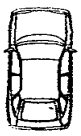
INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
YQ 3810Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/CTI22003116/Uqy3n2 28/04/2022 GBH 7445M YQ 3810Z 01/04/2022 28/04/2022 NMY NBM/MSG23006192/Y 20/06/2023 LIM BOON KHENG, BEN SGS 1148T YQ 3810Z 19/06/2023 RBA
XE 4111B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/INC19010403/h4 12/06/2019 TAN SWEE SENG SKU 7759H XE 4111B 12/06/2019 24/06/2019 LSH NA/INC19016812/h4 24/09/2019 YEO SIEW WEE SKN 7839Y XE 4111B 23/09/2019 30/09/2019 LSH
	We have detected that there is already an active claim within 1 day of the Date of Loss.
	YQ3810Z Date of Loss: 19/06/2023 (TP) Insurer: MSIG Insurance (Singapore) Pte. Ltd.
	Please CONFIRM that this is NOT the same case you are creating.

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:			