	LKK:
INS. CASE OWNER:	IDAC:

CC4/AIS23006518/ya3

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **28.06.2023**

Registered in Merimen: **27.06.2023 BY WKSP**

Pre-assign / CCU / FTE

Insured Vehicle No. : **XE 1816X** _____ Claim No. : **202332008986**

Name of Insured : _____ Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : **30/05/2023 15:30** Place of Accident : Along Tuas Avenue 12 towards Tuas Avenue 1

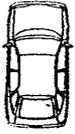Is driver the owner? (YES / NO) Nature of Accident : _____

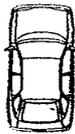If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

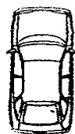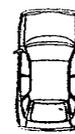**YQ 6900C** _____ ⟶ _____ ⟶ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: ASM Automotive	WSP:	WSP:	WSP:
Tel : Services Pte Ltd	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
YQ 6900C - X		Non-Reporting ltr (1st):	
XE 1816X- Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created B		Non-Reporting ltr (2nd):	
CC6/AIG16012313/Geg3q2 13/03/2017 XE 1816X SLC 1134H 27/06/2016 16/03/2017 LSH1		Non-Reporting ltr (Final):	
NA/GAI19005183/h4 22/03/2019 ZHANG CHUNLU XE 1816X GBC 4406Y 22/03/2019 26/03/2019 LSH		Notification ltr (if non-pickup):	
NA/LPC19005171/z4 22/03/2019 FOO YOU CHENG GBC 4406Y XE 1816X 22/03/2019 25/03/2019 HZ		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: