15/5/2010

INS. CASE OWNER:

CC4/AIS23006774/ya3

LKK:

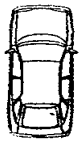
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 04.07.2023

Registered in Merimen: 05.07.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 7773U

Name of Insured : BETHLEHEM AUTOMOTIVE PRIVATE LIMITED

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 27/06/2023 17:30

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : TPE TOWARDS JURONG EAST AFTER EXIT 5 BEFORE BRIDGE

Nature of Accident : _____

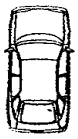
If **NO**, Driver Name / Age : YEO CHEE AUN

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

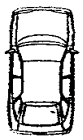
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

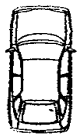
SMH 6916Y → _____ → _____ → _____



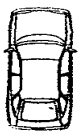
INSRS:
WSP: CARIS AUTOWORKS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMH 6916Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS3/CTI19008121/Ecd3e2 21/06/2019 SLK 8364Y SMH 6916Y 05/05/2019 21/06/2019 LST1 NBA/AIG19007988/Y 07/05/2019 VAN ZONNEVELD SYLVIA SLK 8364Y SMH 6916Y 05/05/2019 13/06/2019 RBA NBA/CTI19007963/Y 06/05/2019 LEE WEI CHUEN SMH 6916Y SLK 8364Y 05/05/2019 15/05/2019 RBA NBA/CTI22008317/Y 29/08/2022 LEE WEEI CHUEN SMH 6916Y GBC 9665H 26/08/2022 31/08/2022 RBA NBA/INC21002206/Y 16/02/2021 JOHAN TAN LIANG TEN SMH 6916Y SLN 312J 15/02/2021 01/03/2021 RBA
SMK 7773U - X	

STAGE	**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:	