15/5/2010

INS. CASE OWNER: CC4/LPC23006838/ya3

LKK:

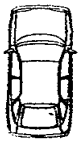
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 06.07.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 130D

Name of Insured : HO BEE LENG

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 04/07/2023 10:00

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : HO KOW CHAI

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

Claim No. : 22/23/23/VP05027651

Policy No. : _____

Make / Model : _____

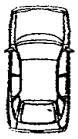
Place of Accident : New Upper Changi Rd, Singapore NEAR BEDOK COMMUNITY CENTRE

Nature of Accident : _____

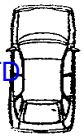
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

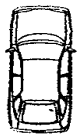
SKK 238T → _____ → _____ → _____



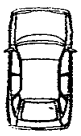
INSRS:
WSP: CAR CITY AUTO CENTRE PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKK 238T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/FCI23002245/Avy3m4 25/04/2023 SKK 238T GBD 4548R 28/02/2023 26/04/2023 NMY NA/FCI23002163/d4 28/02/2023 LOW WAI KOK, ARTHUR GBD 4548R SKK 238T 28/02/2023 01/03/2023 NVT NBA/LIP23006701/Y 04/07/2023 ISABELLE CHUM LEE ANN(ZENG LI'EN) SKK 238T SLG 130D 04/07/2023 RBA NBA/LPC23006751/Y 05/07/2023 HO KOW CHAI SLG 130D SKK 238T 04/07/2023 RBA
SLG 130D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/LIP23006701/Y 04/07/2023 ISABELLE CHUM LEE ANN(ZENG LI'EN) SKK 238T SLG 130D 04/07/2023 RBA NBA/LPC23006751/Y 05/07/2023 HO KOW CHAI SLG 130D SKK 238T 04/07/2023 RBA

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
No Contact By (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:	