15/5/2010

INS. CASE OWNER:

CC4/AIS23006987/pa3

LKK:

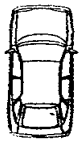
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 11.07.2023

Registered in Merimen: 11.07.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 269L Claim No. : _____

Name of Insured : J J & K ENGINEERING PRIVATE LIMITED Policy No. : SP200392623

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

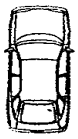
Excess Sec II :S$ _____ D.O.A : 10.07.2023 06:25 Place of Accident : _____

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

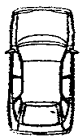
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

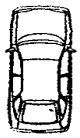
SHC 2401C → _____ → _____ → _____



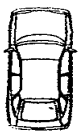
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHC 2401C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/INC14003715/Dtbk3 18/03/2014 SHC 2401C SGP 8086H 23/02/2014 19/03/2014 CKL NA/INC08019423/z1 07/07/2008 HO CHEE LIM SFM 1991T SHC 2401C 06/07/2008 10/07/2008 LSR NS/INC13004228/M1zk3 20/03/2013 SHC 2401C SFW 1905R 01/03/2013 25/03/2013 SNN	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
YP 269L -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/EQI21012927/Atf3n2 25/04/2022 GBK 3782A YP 269L 20/12/2021 26/04/2022 LST1 NA/CTI21012895/r3 20/12/2021 ISLAM MOHIZZUL GBK 3782A YP 269L 20/12/2021 29/12/2021 RBW NA/MSG19016159/h4 12/09/2019 THIYAGARAJAN S/O PACKRISAMY SUBRAMANIAM YP 2716A YP 269L 11/09/2019 19/09/2019 LSH	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:	