15/5/2010

INS. CASE OWNER:

CC4/LPC23007009/pa3

LKK:

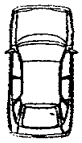
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 11.07.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SFJ 3139R

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 08/07/2023 20:06

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : JUNCTION OF TAMPINESE ST 12 & TAMPINES AVE 4

Nature of Accident : _____

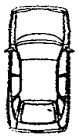
If **NO**, Driver Name / Age :

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

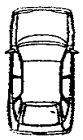
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

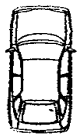
SKL 8691J → _____ → _____ → _____



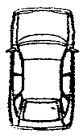
INSRS:
WSP: BORNEO MOTORS
Tel : MOTORS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKL 8691J - X	
SFJ 3139R -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC6/AXA10024264/Ay1k2 18/07/2011 SFJ 3139R SJQ 1782L 26/11/2010 20/07/2011 LST
	CS/MSG19012741/AGqf3e2 15/08/2019 SLB 2164U SFJ 3139R 16/07/2019 15/08/2019 NVT
	NA/INC10024023/s2 26/11/2010 QUEK KIM SENG GN 4092B SFJ 3139R 26/11/2010 04/12/2010 SLK
	NA/INC10024029/r 27/11/2010 HUANG MIAOJUAN SFJ 3139R SJQ 1782L 26/11/2010 02/12/2010 LWS

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:	