15/5/2010

INS. CASE OWNER:

CC4/LPC23007083/pa3

LKK:

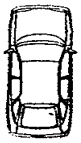
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13/07/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 5176M

Name of Insured : HONG LIAN GIM KEE

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 11/07/2023 11:50

Is driver the owner? (YES / NO)

Claim No. : 23/23/23/VC05/027690

Policy No. : Z23VC05018150

Make / Model : _____

Place of Accident : SLIP ROAD TO CLEMENTI AVE 2

Nature of Accident : _____

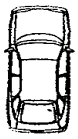
If **NO**, Driver Name / Age : XIAO ZENGYAO

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

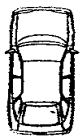
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

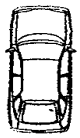
SLG 2913Z → _____ → _____ → _____



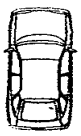
INSRS:
WSP: CARTIMES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLG 2913Z - X	
YP 5176M -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/LPC17022322/Kja3n2 26/04/2018 SJK 2895U YP 5176M 20/11/2017 26/04/2018 HMF
	CC4/LPC21008720/Kpa3q2 09/12/2021 SLP 4438T YP 5176M 19/08/2021 09/12/2021 HMK
	CS/LPC18001890/Kqbn2 07/06/2018 SKW 3876T YP 5176M 27/01/2018 07/06/2018 CKL

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:			