15/5/2010

INS. CASE OWNER:

CC4/AIS23007486/ya3

LKK:

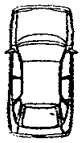
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 24.07.2023

Registered in Merimen: 24.07.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SJY 9032Z

Name of Insured : I. SHAWN SDAT

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 19/07/2023 11:15

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : PIONEER ROAD - TUAS WEST RD JUNCTION

Nature of Accident : _____

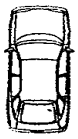
If **NO**, Driver Name / Age :

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

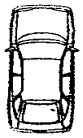
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

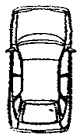
SNG 6994P →



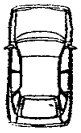
INSRS: GOLD AUTOWORKS PTE. LTD.
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SNG 6994P - X	
SJY 9032Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC6/CTI16011406/Uua3n2 28/09/2016 SJY 9032Z SGN 9421C 18/09/2016 29/09/2016 HMK
	CC6/DAI12021706/Apb3q2 07/12/2012 SJY 9032Z SFS 461G 27/10/2012 27/12/2012 WSQ
	CS/AIS23007349/Rnp3 20/07/2023 SJY 9032Z 19/07/2023 RAP
	CS3/FCI16005692/Aqh3c2 20/06/2016 SJY 9032Z SHC 2679T 27/05/2016 21/06/2016 CCY
	CS3/FCI16005692/H1qh3c2-1 11/08/2016 SJY 9032Z SHC 2679T 27/05/2016 12/08/2016 CCY
	NA/INC12005127/w1 13/03/2012 RAZALI BIN BASIMAN SJY 9032Z SJT 2218C 12/03/2012 19/03/2012 LCH
	NA/INC12020827/r3 29/10/2012 RAZALI BIN BASIMAN SJY 9032Z SFS 461G 27/10/2012 31/10/2012 RBW

STAGE	DATE / PIC
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:	