15/5/2010

INS. CASE OWNER:

CC4/AIS23007517/ya3

LKK:

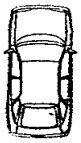
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 25.07.2023

Registered in Merimen: 25.07.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SBN 1222Y

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 22.07.2023 14:30

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : KARAK HIGHWAY, MSIA

Nature of Accident : _____

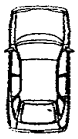
If **NO**, Driver Name / Age :

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

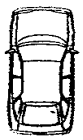
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

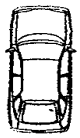
SGZ 8000C → _____ → _____ → _____



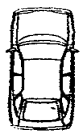
INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SGZ 8000C - X	
SBN 1222Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Create By CA/AIG10025557/r 20/12/2010 ANG SENG LEONG SBN 1222Y GBA 2214H 19/12/2010 21/12/2010 LWS CC4/AIG19005943/Aha3q2 08/08/2019 SBN 1222Y SDZ 7718H 30/03/2019 13/08/2019 HMK CS/AIG13023763/Acbq2 18/03/2014 SBN 1222Y 13/12/2013 18/03/2014 CKL CS/MSI09019246/Ufg1 03/09/2009 SBN 1222Y SGB 4020Y 13/06/2009 04/09/2009 SSC CV1/VAL15016865/Cq 06/10/2015 SBN 1222Y 07/10/2015 SSC NA/AIG12005890/e1 23/03/2012 ANG SENG LEONG (HONG SHENGLONG) SBN 1222Y GBB 5234A 23/03/2012 27/03/2012 NBS NA/AIG12023614/m2 07/12/2012 ANG SENG LEONG (HONG SHENGLONG) SBN 1222Y GZ 4793Z 06/12/2012 11/12/2012 NRM NA/LIP09021123/r 18/09/2009 ANG SENG LEONG SBN 1222Y HB 8792 15/09/2009 22/09/2009 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:		