15/5/2010

INS. CASE OWNER:

CC4/AIG23007529/Uya3

LKK:

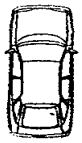
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 25.07.2023

Registered in Merimen: 25.07.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 6042U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

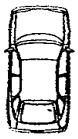
Excess Sec II :S$ D.O.A : 24/07/2023 15:45 Place of Accident :

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

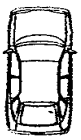
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

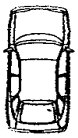
SMH 3929E → → →



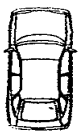
INSRS:
WSP: SpeedWerkz Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMH 3929E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CBA/MSG23003915/Y 17/04/2023 FOO CIN LOO (FU XINRU) SMH 3929E GBL 2234S 17/04/2023 19/04/2023 RBA CBA/MSG23007515/Y 25/07/2023 FOO CIN LOO SMH 3929E SMC 6042U 24/07/2023 RBA CS/CTI23004002/Uvp3q2 28/04/2023 SMH 3929E GBL 2234S 17/04/2023 02/05/2023 RBA	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
SMC 6042U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CBA/MSG23007515/Y 25/07/2023 FOO CIN LOO SMH 3929E SMC 6042U 24/07/2023 RBA	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:		