15/5/2010

INS. CASE OWNER:

CC4/AIS23007560/Uya3

LKK:

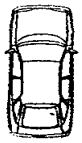
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 26/07/2023 Date / Time : 26/07/2023

Registered in Merimen: 26/07/2023

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 9303G Claim No. :

Name of Insured : E-LOGISTICS PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

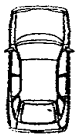
Excess Sec II :S$ D.O.A : 23/07/2023 11:30 Place of Accident : Near 30 Changi N Cres, Singapore 499612

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

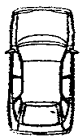
If **NO**, Driver Name / Age : MOHAMMAD ARIB BIN MAHAT OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

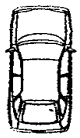
SFR 8260Y → → →



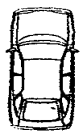
INSRS:
WSP: HUP MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SFR 8260Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/DAI15010780/Kpa3s2 02/10/2015 SFR 8260Y SGC 7737M 24/06/2015 05/10/2015 HMK CS/UOI13017614/Ugbd1 09/10/2013 SFR 8260Y XB 4093K 20/09/2013 11/10/2013 CKS NJA/INC10009575/y1 17/05/2010 KWEK CHENG THEEN SFR 8260Y PA 1966L 17/05/2010 24/05/2010 YCC NS/INC22007561/Tcm4 20/10/2022 SHA 5704U SFR 8260Y 30/07/2022 20/10/2022 FWN	
GBG 9303G - X		

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:	