15/5/2010

INS. CASE OWNER:

CC4/AIS23007834/ya3

LKK:

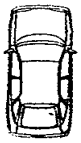
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 02/08/2023

Registered in Merimen: 02.08.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 1193S Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

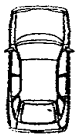
Excess Sec II :S$ _____ D.O.A : 01.08.2023 08:35 Place of Accident : _____

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

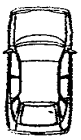
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

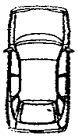
SKT 4112Z → _____ → _____ → _____



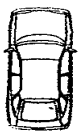
INSRS:
WSP: JL PERFECT AUTOWORK PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKT 4112Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS3/MSG16005677/R1vbd1 04/04/2016 SJV 887Z SKT 4112Z 26/03/2016 05/04/2016 GKL
	CS3/MSG16005677/R1vbd1-1 17/05/2016 SJV 887Z SKT 4112Z 26/03/2016 18/05/2016 CKL
	CS3/MSG16005677/R1vbs2-2 04/08/2016 SJV 887Z SKT 4112Z 26/03/2016 04/08/2016 LCH
	NA/QBE17013628/h4 20/07/2017 AW YONG WEI REN, GLEN SJV 887Z SKT 4112Z 26/03/2017 27/07/2017 LSH
SJP 1193S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/AIS23007671/pa3 31/07/2023 SJP 1193S GBG 506Y 13/07/2023 HMK
	NA/FCI12002990/w1 13/02/2012 WONG CHENG SIONG GQ 3336P SJP 1193S 13/02/2012 16/02/2012 LCH
	NA/INC17013707/r3 15/07/2017 TAN TECK CHYE SJP 1193S SKD 2663Y 14/07/2017 27/07/2017 RBW
	NA/INC17013801/k4 17/07/2017 MUHAMMAD EDZUANNAZRUL BIN MOHD RAFFE SKD 2663Y SJP 1193S 14/07/2017 26/07/2017 KSG

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:	