15/5/2010

INS. CASE OWNER: Marice I | CC 6/ LCR18002186 / 19,93 9V | LKK: IDAC:

ASSIGNMENT

Surveyor: XHQ DOI: 7/2/18 Date / Time : 02/02/18

Registered in Merimen: 02/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLG 5860Y Claim No. : 27018769165G

Name of Insured : LCR Policy No. : 099999 4967

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS HYBRID -1.8 (A)

Excess Sec II :S$ D.O.A : 30/01/18 Place of Accident : PASIR RIS

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

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

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

SKD 9705P →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Specialist motor	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Wilson	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
06/02/18 (JOY)	SKD 9705P-X ; SLG 5860Y - X BS27 - OI FROM REAR

RECEIVED 25 APR 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	NA
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	JJ 06-2-18
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	X	
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: 24-4-18	Confirm with IRENE	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: GST	S$ 4,809.76			
Loss of Rental (LOR):	S$ 1240	(2 days) X 120	COPY SENT 24/4/18	
Loss of Use (LOU):	S$ 1 X	($ x days)		
Loss of Income (LOI):	S$ 1 X	($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S$ 1 7.49			
Medical:	S$ X		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S$		3) Survey fee:	
Total:	**S$** 5,057.25	**Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S$ 5,057.25	Name 1: SPECIALIST MOTOR PTE LTD		
Payee 2: (Strike if N.A.)	S$ 1 X	Name 2: X		
Payee 3: (Strike if N.A.)	S$	Name 3:		