

15/5/2010

INS. CASE OWNER:

CC 4/LPC1800 3084, UMBB

LKK:
IDAC:

Surveyor:

MARCOB

DOI:

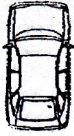
ASSIGNMENT
01/03/18

Date / Time:

15/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SFX 358X

Name of Insured : YIEW MIN SEW

Insured Tel No. : HP: 12/01/18

Excess Sec II :\$\$ D.O.A. : 12/01/18

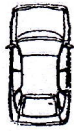
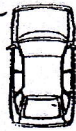
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : DARREN NATHANIEL YIEW YUSHEM OI GIA REPORT: YES NO ; TP GIA REPORT: YES NO

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

Insured Liability : % Final ? Yes / No

SGA 3084

INSRS:
WSP:
Tel :
Liability :
RMKS:progressive
(um)INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time		STAGE	DATE / PIC
15/1/18	SGA 3084 - 6 SFX 358X - 4	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
02/03/18	MUG REPAIRING. OLD REAR-ENDED TP.	After call ltr to OI:	
	BUILD LIABILITY CHECK.	Documentation Check List: Handler Typist	
	FINALISED.	Notification ltr (if non-pickup)	
03/03/18	TYPE REPORT WHILE WAITING FOR TP LOB	After call ltr to OI:	
	REPORT DONE	Authorisation To Act:	
	TP LOB IN BY BUILD	Release Voucher:	
12/12/18	BOOK WARRANTS APPROVAL TO LPC	Final Repair Bill:	
13/12/18	LPC APPROVED WARRANTS.	Car Rental Invoice:	
	SEND ACCEPTANCE BUILD TO TP.	Towing Invoice	
16/12/18	RECEIVED DV.	LTA / GIA:	
	ALL DOCS IN ORDER.	Medical Bill:	
	TO CLOSE.	PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE Date/Time: 02/03/18 Sent By: BU

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L6	\$S 2,350.00 (4 days)	Reduction: 53 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/600)	\$S 2,728.50		COID COMP-ENDED TP)
Loss of Rental (LOR):	\$S 500.00 (5 days) x \$100.00		
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 2.00		
Medical:	\$S -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S - (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$S -		3) Survey fee: \$450.00
Total:	\$S 3,230.50	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 3,230.50	Name 1: PROGRESSIVE AUTOMOTIVE PRG LTD	
Payee 2. (Strike if N.A.)	\$S -	Name 2: -	
Payee 3. (Strike if N.A.)	\$S -	Name 3: -	