

15/5/2010

INS. CASE OWNER:

GOTRUP

CC 3 /LPC1800

hmo, Tiw...

LKK: IDAC:

Surveyor:

TAMIKH

DOI:

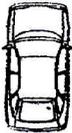
ASSIGNMENT 27/02/18

Date / Time:

21/2/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GQ 99105

Claim No. :

17/18/15/100 (0704)

Name of Insured :

EOK BROTHERS BUILDING & CIVIL

Policy No. :

21/17/100/100186

Insured Tel No. :

HP:

Make / Model :

NISSAN

Excess Sec II :\$

D.O.A :

Place of Accident :

SINGAPORE TOWNS GUYLANS RD

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

William Wong Kong Weng

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SEA BANK

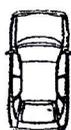


INSRS: WSP: Tel: Liability: RMKS:

performance



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Date / Time		STAGE	DATE / PIC
21/2/18	SEA 8899F -X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
23/02/18	MIS EQUIPMENT. OLD REPORT ENDED TP	Documentation Check List:	Handler Typist
	EMAIL LIABILITY CLERK.	Notification ltr (if non-pickup)	<input type="checkbox"/>
	PINAKUB.	After call ltr to OI:	<input type="checkbox"/>
28/06/18	TYPE REPORT WHILE PENDING TP LOB	Authorisation To Act:	<input checked="" type="checkbox"/>
	REPORT DONE	Release Voucher:	<input checked="" type="checkbox"/>
	ORIGINAL TP LOB IN.	Final Repair Bill:	<input checked="" type="checkbox"/>
26/07/18	WORK WARRANTS TO LPC BY EMAIL	Car Rental Invoice:	<input type="checkbox"/>
27/07/18	LPC APPROVED WARRANTS.	Towing Invoice:	<input type="checkbox"/>
	CONTRIBUTOR AMOUNT, STATE AS LOB.	LTA / GIA:	<input checked="" type="checkbox"/>
	EMAIL ACCEPTANCE TO TP	Medical Bill:	<input type="checkbox"/>
27/11/18	RECEIVED ORIG. BI.	PIR:	<input type="checkbox"/>
	ALL DOCS IN ORDER.	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	TO CLOSE.	LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 03 Sent By: 28/02/18

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P \$3,851.45 (3 days) Reduction: 51% Email  Call

FINAL SETTLEMENT Date/Time: 12/11/18 Confirm with: CAROLINE Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: C/LPC \$4,121.05 (OLD REPORT ENDED TP)

Loss of Rental (LOR): \$ ( days)

Loss of Use (LOU): \$200.00 (\$100 x 3 days)

Loss of Income (LCI): \$ ( \$ x days)

LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]

GIA/LTA Search \$2.00

Medical: \$

Disbursement: \$ (e.g. Tow/ Independent)

Legal Cost \$

Total: \$4,423.05 Global Sum \$: -

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: \$4,423.05 Name 1: PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.) \$ - Name 2: -

Payee 3: (Strike if N.A.) \$ - Name 3: -