15/5/2018

INS. CASE OWNER: Staccs | CC 4 ASM /AXA1800 3628 / U 7663 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 16/10/18 Date / Time : 20/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SFS 1169K Claim No. : S8M0094HC | 37097

Name of Insured : STAM EWN HWA Policy No. : P1617392

Insured Tel No. : HP: 97881169 Make / Model : PORSCHE

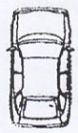
Excess Sec II :S$ D.O.A : 22/7/18 Place of Accident : JUNC OF LENTOR BLVD

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**

YP 51387 → → →



INSRS: Think one
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
20/7/18 yks	YP 51387 - X . SFS1169K - Y + summclaim.
7/3/18	called OI NO response - Fax own OI report to Workshop. To get back on liability after we contact insured.
8/3/18	called OI, voice mail.
9/3/18	call OI voice mail. LEAPU sent to OI
	NO survey done to cancel file.
10/12/2021	- No private settlement btw OI & TP. - PIJ refer to HEAD.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	7 Bevan
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: 4sum S$ 2550-00 (4 days) Reduction: 81 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/12/21 Confirm with Michael Email ☑ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : N/L. If NO or B 28, Ass. Lia :

Repair Cost: 2728.50 S$ 1364.25 conflicting version

Loss of Rental (LOR): 428 S$ 214.00 (4 days) X #1W

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$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: $350-00

Total: S$ 1580-25 **Global Sum S$:** 1580.00

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 1580.00	Name 1:	Think One Autocare Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	