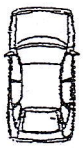
13/3/2018

INS. CASE OWNER: Joane | CC4, LCR1800 5444, KJa39v | LKK: IDAC:

Surveyor: Kenneth | ASSIGNMENT DOI: 23/3/18 | Date / Time: 22/03/18

Registered in Merimen: 28/03/2018

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL1967Z

Name of Insured : Lipp Pte

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 22/03/2018

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

If NO, Driver Name / Age : COURIER COMES TO PICK UP ITEM

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

Claim No. : 866249983454

Policy No. : 0999994808

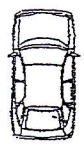
Make / Model : Honda Vezel

Place of Accident : Front of Tm Toy & Pine Valley Rd

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

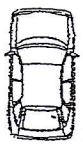
Insured Liability : % **Final ? Yes / No**

SLR8331E →

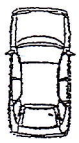


INSRS:
WSP:
Tel :
Liability :
RMKS:

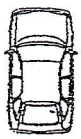
City Auto



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
24/3 Joy	SLR8331E - X ; SLL1967Z - X
	OI BEAT RED LIGHT
	- FINALISED
	- TP LOD IN BY EMAIL
17/10/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
04/11/19	- SEEK MANDATE APPROVAL TO MG
	- MG APPROVED MANDATE
	- SEND 1ST OFFER TO TP
28-1-19	PENDING FINALIZATION
23/11/19	- TP ACCEPTED OFFER.
	- ALL DOCS IN ORDER.
	- TO CLOSE

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	NA
Notification ltr (if non-pickup):	
Call OI:	JOY 2-4-18
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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: P/D	S$ 17,074.60 (14 days) Reduction: 25 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/11/19	Confirm with VERONICA	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/COST)	S$ 18,269.82		OID BEATS RED LIGHT
Loss of Rental (LOR):	S$ 1,800.00 (18 days) x $100		
Loss of Use (LOU):	S$ — ($ 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: $320.00
Total:	S$ 20,069.82	Global Sum S$: 20,050.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 20,050.00	Name 1:	CITY AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—