15/5/2010

INS. CASE OWNER: CC 6 UR /~~AIG~~1800 5689 / R1863 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Russel DOI: 4/4/18 Date / Time: 27/3/18

Registered in Merimen: 27/3/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLJ 1296L	Claim No. :	8773367880765G
Name of Insured :	LCRP	Policy No. :	944449774
Insured Tel No. :	HP:	Make / Model :	HONDA
Excess Sec II :S$	D.O.A : 23/3/18.	Place of Accident :	UUNY RD AND KEMBANG MELATI
Is driver the owner? (YES / (NO))	Nature of Accident :		
If NO, Driver Name / Age : YEO SHAW KIM	(V/L: (YES) / NO)	OI GIA REPORT (YES) / NO ; TP GIA REPORT: (YES) NO	
Driver Tel No. :		Insured Liability : %	Final ? Yes / No

SJH 7477T → →

INSRS: WSP: Charn Tel : Liability : Unfavourable RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
24/3/18	SJH 7477T-4 SLJ1296L-4
JOY.	
4-4-18	RECEIVED TP VIDEO - OI HAD A STOP LINE, ENTERING ROUNDABOUT.
	RECEIVED 16 OCT 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	NA
Non-Reporting ltr (2nd):	NA
Non-Reporting ltr (Final):	NA
Notification ltr (if non-pickup):	
Call OI:	JOY 4-4-18
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	X	
LTA / GIA :	/	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	X	
LOD	X	
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: 26-9-18 Confirm with SHARON Email Call

Final Liability:	% 100	((Agreed) / Assessed) BOLA S/N No. : 12	If NO or B 28, Ass. Lia : OI ENTERING A ROUNDABOUT
Repair Cost: GST	S$ 1,070		
Loss of Rental (LOR): GST	S$ 321	(3 days) x 100 + GST	
Loss of Use (LOU):	S$ 300	($60 x 5 days)	COPY SENT 16/10/18
Loss of Income (LOI):	S$ —	($ 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:
Total:	**S$** 1,691.xx	**Global Sum S$:** 1,680	

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$ 1,680	Name 1:	CHARN'S CUSTOMCRAFT
Payee 2: (Strike if N.A.)	S$ X	Name 2:	X
Payee 3: (Strike if N.A.)	S$	Name 3:	