15/5/2010

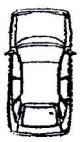
INS. CASE OWNER: LKi | CC 4 /LPC1800 6584 / R1 #03 h | LKK: IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 4/4/18 Date / Time : 10/4/18

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SBY300D

Name of Insured : TAN Lee Bock

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 31/12/17

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

If NO, Driver Name / Age : ZAY YAHA YEW JAMES

Driver Tel No. : 97566003 (V/L: YES / NO)

Claim No. : 17/12/18/VPOC/020312

Policy No. : 3127VP050157 15

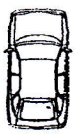
Make / Model : Volkswagen.

Place of Accident : SCOTTS SQUARE BASEMENT C/P.

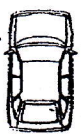
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

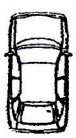
SKV 3142H → → →



INSRS:
WSP: Trans. Envirtas.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
11/4 CHT	SKV3142H. X; SBY300D. X
11/4/18	- Called OI, Mr Tay. Inform TP claim. It is 50/50 case if no evidence from both parties!
27/08/19	- TP DROPPED CLAIM. - BUANG TO LPC TO SUBMIT WP REPORT - TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
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: 12/04/18 Sent By: 93

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 6,987.52 (5 days) Reduction: 48 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : N/A	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	NO SETTLEMENT
Loss of Use (LOU):	S$ —	($ x days)	WP REPORT
Loss of Income (LOI):	S$ —	($ x days)	TP WITHDRAWS CLAIM
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: WP REPORT
Legal Cost	S$ —		3) Survey fee: $ 350.00
Total:	**S$** —	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ —	Name 1:	—
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—