

Keneth

CC 6/CTI 1800

7270, Khaboz

ASSIGNMENT

Surveyor:

Keneth

DOI:

18/4/18

Date / Time:

18/4/18

Registered in Merimen:

19/4/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBE 736K

Claim No.:

JMM000198802

Name of Insured:

YXY

Policy No.:

DMCSN 306419700

Insured Tel No.:

HP:

Make / Model:

Honda

Excess Sec II :SS

D.O.A:

16/4/18

Place of Accident:

Amk Ave 3

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Wang Jian 87192008

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SJT 8834J



INSRS:

WSP:

Tel:

Liability:

RMKS:

LH Express



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
28/4/18	SJT 8834J - X; GBE 736K - 4/1/2018, 6009420/21/16/2; 2018-12/13/16	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
26/4/2018 4:45pm pch kin	Spoke to PID (Mr Wang, owner of XYX) at 8719 2008. UID confirmed the accident statement. Informed PID about the TP claim and MCD issue. UID agreed and aware the issue. Will send letter to OI	Call OI: After call ltr to OI:	26/4/2018 Vick 5014
30/04/18	MINOR SUAL LIABILITY CLONE. ORIGINAL TP LOD IN.	Documentation Check List: Handler Typist	
10/05/18	TYPE REPORT FOR MANDATE APPROVAL REPORT DONE.	Notification ltr (if non-pickup) After call ltr to OI: Authorisation To Act: Release Voucher: Final Repair Bill: Car Rental Invoice: Towing Invoice	
01/06/18 11/06/18	SEND MANDATE TO OI APPROVED MANDATE. OI APPROVED MANDATE. SEND 1st OFFER TO TP.	LTA / GIA : Medical Bill: PIR:	
12/06/18	ORIG. DV IN. TP ACCEPTED OFFER. ALL PDCG IN ORDER. TO CLOSE.	Mandate/Reject Instruction: LOD Payment Breakdown Form: Post-Repair Photos: Others:	
PRELIMINARY ADVICE	Date/Time: 20/4 Sent By: [Signature]		
FINALIZATION	Date/Time: Confirm with: Confirm by:		
Repair Cost: 19	S\$ 6,900.00 (10 days) Reduction: 19 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 12/06/18 Confirm with: tick	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: %	100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 6,900.00		COLD REPAIR - ENDED TP
Loss of Rental (LOR):	S\$ 1,200.00 (13 days) X \$ 100		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[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: \$400.00
Total:	S\$ 8,200.00 Global Sum S\$: -		
FINAL PAYMENT	Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ 8,200.00 Name 1: LH EXPRESS MOTOR TRADING		
Payee 2: (Strike if N.A.)	S\$ - Name 2: -		
Payee 3: (Strike if N.A.)	S\$ - Name 3: -		