15/5/2010

INS. CASE OWNER: CC 6 /AIG1800 879 / A463 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 7/5/18 Date / Time : 7/5/18

Registered in Merimen: 7/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH 5404B Claim No. : WB0704494

Name of Insured : LEE LHOUN WEE RAYMOND. Policy No. :

Insured Tel No. : HP: 97374735 Make / Model : MAZDA

Excess Sec II :S$ D.O.A : 28/4/18 Place of Accident : FILTER LANE FROM TPE EXIT TO TAMPINES AVE 7

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

If **NO**, Driver Name / Age : Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SFG 4805K → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : Leang	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
7/5/18	SFG4805E – X SLH5404B – X
hc	
	please beware gear issue was mention in TP report
14/5/2018 pohkin 1.25pm	Spoke to OI, OI Confirmed accident details, Informed OI about TP claim and NCD issue. OI agreed to settle and aware the NCD issue. send letter to OI.
	- FINALISED.
	- TP LOU IN BY FAX
29/06/18	- FAX OFFER TO TP.
03/07/18	- TP ACCEPTED OFFER.
	- ALL DOCS IN ORDER.
	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	VIC-OK 18/05/18
After call ltr to OI: 3 14/5/2018	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:	✓	
Authorisation To Act:	✓	
Release Voucher: FAX	✓	
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: LO S$ 4,800.00 (6 days) Reduction: 99 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 03/07/18 Confirm with LEANG Email [ ] Call [✓]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27 ✓	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,800.00	Front to rear Collision ✓
Loss of Rental (LOR):	S$ 650.00 (5 days) x $ 130.00	
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$ 29.00 ✓	
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$ 5,479.00** **Global Sum S$:** –	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 5,479.00	Name 1:	LEANG AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–