15/5/2010

INS CASE OWNER

CC 4 / LPC 1800 8256 / Kha3 4/v

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 4/5/2018 Date / Time : 3/5/2018

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJE 5540E

Name of Insured : SARAVANAN S/O PONNAPPAN

Insured Tel No. : HP: 91474840

Excess Sec II :S$ D.O.A : 27/04/2018

Is driver the owner? (YES / NO)

Claim No. : 17/8/18/VP05/020582

Policy No. : 2/17/VP05/016300-007

Make / Model : T. WISH

Place of Accident : PIE > CHANGI AIRPORT.

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**

SKM 6721P →

INSRS:	WSP: C.S.ONG	Tel :	Liability :	RMKS:

Date/ Time	
17/5/18	SKM 6721P - X ; SJE 5540E - X
NC *	Received LOD.
	- MINUTED
	- TP LOD IN BY EMAIL.
02/07/18	- PIUS REVIEWED. OI REAR-ENDED TP.
27/02/19	- TPPD REPORT FOR WARRANTY APPROVAL
	- REPORT DONE
21/05/19	- SENT WARRANTY TO LPC.
22/05/19	- LPC APPROVED WARRANTY
12/06/19	- SENT 1ST OFFER TO TP
09/07/19	- TP ACCEPTED OFFER.
12/07/19	- RECEIVED DN. 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:	
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: 10/05/18 Sent By: 93

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LG S$ 3500.00 (3 days) Reduction: 70 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/07/19 Confirm with MRS ONG Email / Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 3,745.00	COI REAR-ENDED TP
Loss of Rental (LOR):	S$ 500.00 (5 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$ 7.45	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $450.00
Total:	S$ 4,252.45 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 4,252.45	Name 1:	C.S. ONG AUTO PTE. LTD.
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—