15/5/2010

INS. CASE OWNER: | CC4 / LPC 180 09746 / T | 2a39 | LKK: | IDAC:

ASSIGNMENT

Surveyor: WTH DOI: 31-5-18 Date / Time : 30/05/2018

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : XD 2522S Claim No. : 18/18/18/VC10/020641

Name of Insured : AW Transport & Warehousing p/L Policy No. : Z/18/VC10/101630

Insured Tel No. : HP: Make / Model : Nissan

Excess Sec II :S$ D.O.A : 29/05/2018 Place of Accident : Jurong West St 76

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

If **NO**, Driver Name / Age : Yang Jin Bin OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 98929531 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

PA9006E → → →

INSRS: WSP: Serve You Motor. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
6/6	PA9006E - X	Non-Reporting ltr (1st):	
Agree	XD2522S - CS/LPC/15008033/Rgy3d1 ; DOA 11/8/15	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
7.6.18	EMAIL WSP LIABILITY CLEAR.	Call OI:	
		After call ltr to OI:	
8/6/2018	IA check [revised $21,741.73, check $450]	**Documentation Check List: Handler Typist**	
11/6/18	WITHDRAW LIABILITY, LPC MENTION TP TRAVEL AGAINST TRAFFIC FLOW. 8/6/18	Notification ltr (if non-pickup):	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
	PENDING FOR OI VIDEO.	Release Voucher:	☐ ☐
		Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
18/10/19	- File pass to Mei kwan to submit WP.	Towing Invoice	☐ ☐
	- Lonpac appointed lawyers and at CDR	LTA / GIA :	☐ ☐
	Judge indicate 90% / 10% in favour of Insured	Medical Bill:	☐ ☐
		PIR:	☐ ☐
14/11/19 Kuanchua	- To re-open file - Amount should be LS 19,000.	Mandate/Reject Instruction:	☐ ☐
	Informed Lonpac (Mr. Gerald).	LOD	☐ ☐
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: 14/11/19 Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 19,000 (12 days)	Reduction: 45 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 10	If NO or B 28, Ass. Lia :
Repair Cost:	S$	OI'D TURN LH INTO THE MAIN DRIVE WAY.	
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	COPY SENT
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: WP
Legal Cost	S$		3) Survey fee: $350
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	ENTERED 30 OCT 2019
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

14/11/19 reopen ref only, 1st DOC 30/10/19