

INS CASE OWNER:

CC4/LPC 180 09746 / T12339

LKK:

IDAC:

Surveyor:

WTH

DOI:

ASSIGNMENT

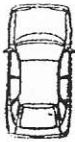
31-8-18

Date / Time:

30/05/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

XD 2522S

Claim No.:

18/18/18/10/020641

Name of Insured:

AW Transport & Warehouse/PL

Policy No.:

2/18/10/101630

Insured Tel No.:

HP:

Make / Model:

Nissan

Excess Sec II :SS

D.O.A.:

29/05/2018

Place of Accident:

Jenny 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.:

9899531

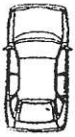
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

PA9006E



INSRS:

WSP:

Tel:

Liability:

RMKS:

Serve You
info.

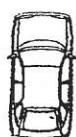
INSRS:

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):	
7-6-18	XD2522S-45/LPC/15008033/Kgy3d1; DOA 11/8/18	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
8/6/2018	IA check [revised] \$21,741.73, under \$450	After call ltr to OI:	
11/6/18	WITHDRAW LIABILITY, LPC MENTION TP TRAVEL AGAINST TRAFFIC FLAW.	Documentation Check List: Handler Typist	
	Pending for OI video.	Notification ltr (if non-pickup)	
18/10/19	- file pass to Mei Kuan to submit WP. - Conpac appointed lawyers and a/c b/r Judge indicate 90%/10% in favour of Insured	After call ltr to OI:	
19/11/19	- To re-open file - Amount should be 4519,000. Informed Conpac (Mr. Gerald).	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:	Sent By:
	14/11/19	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	1/5 S\$ 19,000	(12 days) Reduction:	45 %

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email	Call
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	10	

Repair Cost:	S\$			
Loss of Rental (LOR):	S\$	(days)		

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\$			
Medical:	S\$			

Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			

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:		
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COPY SENT

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: WP
- 3) Survey fee: \$350

ENTERED 30 OCT 2019

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