15/5/2010

H/L CASE OWNER: | CC 6 / AIG 180 10394 / Aha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 5/6/18 Date / Time : 6/6/18

Registered in Merimen: 8/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLZ6844M		Claim No. :	
Name of Insured : KONG KOK CHEE		Policy No. :	K000 52828
Insured Tel No. :	HP: 97455659	Make / Model :	Audi A4
Excess Sec II :S$	D.O.A : 5/6/18	Place of Accident :	Entrance of KPE from TPE
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age :		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SJK896E → SLZ6844M → SJX1034B →

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Leong Automotive Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
12/6 UC	SJX1034B – C63/AAA1017026/Rd ; DOA 4/3/2011
	SLZ6844M – C63/AIG18010390/Aha3 ; DOA 5/6/18
	- FINALIZED.
	- TP LOD IN BY FAX.
29/06/18 @3:57PM	SPOKE TO OI. HE CONFIRMED ACCIDENT DETAILS & WAS INVOLVED IN A 3 VEH. C.C. & WAS THE 2ND CAR. INFORMED TP CLAIM & WCF, AGREED TO SETTLE & AWARE NCD ISSUES. SEND LETTER & EMAIL TO OI.
25/07/18	- SEND 1ST OFFER BY FAX.
	- 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:	29/06/18 - UC
After call ltr to OI:	29/06/18 - UC

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: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/G	S$ 4,900.00 (7 days)	Reduction: 43 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/07/18	Confirm with MR LEONG	Email ☐ Call ☐ FAX
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0% (3 VEH. C.C., OI 2ND)
Repair Cost:	S$ 4,900.00		
Loss of Rental (LOR):	S$ – (days)		
Loss of Use (LOU):	S$ 420.00 ($ 60 x 7 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: $320.00
Total:	**S$** 5,327.45	**Global Sum S$:** 5,320.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,320.00	Name 1: LEONG AUTOMOTIVE	
Payee 2: (Strike if N.A.)	S$ –	Name 2: –	
Payee 3: (Strike if N.A.)	S$ –	Name 3: –	