C53/ASM1800 3040 / WA352

15/5/2018

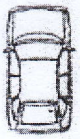
RJS. CASE OWNER: Stacey | C.53/ASM1800 3040 / WA352 | LOA: IDAC: 31001

ASSIGNMENT

Surveyor: Wilson DOI: 23/7/18 Date / Time: 24/7/18

Registered in Merimen:

Pre-assign / CCU / FTE: YP6485P



Insured Vehicle No. : Claim No. : SSM008RU

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

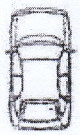
Excess See II :S$ D.O.A : 9/7/18 Place of Accident :

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

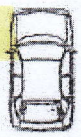
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

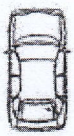
WBM7517 → → →



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:



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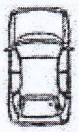

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	WBM7517 - X ; YP6485P - X
26/7/18	Parts price incomplete - Pending for PA.
26/7/18	Wksp informed Wilson - they not engaged independent surveyor.
7/8/18	Email to Asst to submit PRS report.
Typist:	Please upload estimate in Views.
(Olivia) 11/7	Photos + Before repair in Views
07/10	& send LOI.
10/10	- Pass file to Steve to assist in finalise.
4/3/2020	- 10 days notice to TP.
23/5/2020	- # DKA lawyer receive TP LOD from TP Lawyer. Submit WP. Admin to close.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	CR 07/8/19
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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: Steve / Simon.

Repair Cost: (LS) S$ 3150.00 (8 days) Reduction: $2,200.40 % 90 Email ☐ Call ☐

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

Final Liability:	% - 100 (Agreed / Assessed) BOLA S/N No. : 38	If NO or B 28, Ass. Lia : C.C LOI (last).
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$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: PRS
Legal Cost	S$	3) Survey fee: $100. WP $150.
Total:	S$ Global Sum S$:	

CLOSE 10/8/18

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.	