15/5/2018

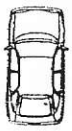
INS. CASE OWNER: CC 6/CTI1801 1237, RWb7m2 | LKK: IDAC:

ASSIGNMENT

Surveyor: Raswl DOI: 21/6/18 Date / Time: 20/6/18

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SQ3237A Claim No. : SWMSDW20750V

Name of Insured : LEO BOON WANG. Policy No. : OMPLSW30489N700

Insured Tel No. : _____ HP: 96755778 Make / Model : HONDA

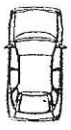
Excess Sec II :S$ _____ D.O.A : 20/6/18 Place of Accident : SIMPRAM DR.

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

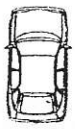
If **NO**. Driver Name / Age : TAN CHIEW LENG. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

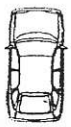
SHD 22/9H → _____ → _____ → _____



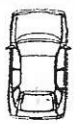
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP: Prime Auto
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD22/9H - X SQ3237A - X
	RECEIVED 21 AUG 2018
25/6/18 vivian	
26/6/18	Receive video from TP.
26/6/18	called OOD. HP off
26/6/18	called OOD no responce.
27/6/18	called OOD, overseas, haven't decide when to come back sg. leter send out
19/7/18	File pass to typist type report
16/8/18	Email to CT2 to seek mandate
16/8/18	Email from CT2 appear mandate

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	27/6/18 Vivian
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: 25/6/18 Sent By: Dell

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/8/18	Confirm with Alice	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 240.50		
Loss of Rental (LOR):	S$ 767.20	(8 days) x 95.90	
Loss of Use (LOU):	S$ 600.00	(S 50 x 8 days)	
Loss of Income (LOI):	S$ -	(S x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S$ 2.00		
Medical:	S$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ -		3) Survey fee:
Total:	S$ 3576.70	**Global Sum S$:** 3500.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3500.00	Name 1:	Prime Auto Claims Service Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

COPY SENT 21/8/18