15/5/2010

INS. CASE OWNER: CC 6 /EQI1801 1603 / UHH3

LKK:

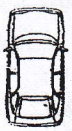
IDAC:

ASSIGNMENT

Surveyor: marcus DOI: 26/6/18 Date / Time : 26/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 5461A

Name of Insured : LTM CORPORATION PTE

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 8/6/18

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

If **NO**, Driver Name / Age : MARGARET ASWIN

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : DMCPMQ17-003916.

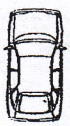
Make / Model : ISUZU.

Place of Accident : UPP THOMSON EAST RD

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

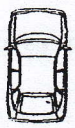
Insured Liability : % **Final ? Yes / No**

SET 8663Z → → →

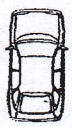


INSRS:
WSP:
Tel :
Liability :
RMKS:

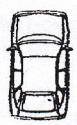
LBA



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
27/7/18 VIC	SET 8663Z - Y YN 5461A - Y - FINALISED - ORIGINAL TP LOD IN
24/10/18 @ 11:KALVIN	- CALL OI OO. SPOKE TO PIC MR KALVIN. HE CONFIRMED ACCIDENT DETAILS & OLD REAR-ENDED TP. INFORMED TP CLAIM & AGREED TO SETTLE. AWARE NCD WILL BE AFFECTED. SEND EMAIL TO OI.
24/10/18	- SEND 1ST OFFER TO TP - TP ACCEPTED OFFER. NO EV. - 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:	EMAIL ONLY
After call ltr to OI:	24/10/18 - VIC

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
Authorisation To Act:	✓	
Release Voucher: NO EV		
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: 26/6/18 Sent By: DRE

FINALIZATION	Date/Time:		Confirm with:	Confirm by:
Repair Cost: L/G	S$ 5,400.00	(5 days)	Reduction: 54 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24/10/18	Confirm with	MR KALVIN	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. :	27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,400.00			(OLD REAR-ENDED TP)
Loss of Rental (LOR):	S$ —	(days)		
Loss of Use (LOU):	S$ 300.00 @ 60	x 5 days)		
Loss of Income (LOI):	S$ —	($ x days)		
LOR only ☐ LOU only ✓	LOR + LOU ☐	LOR + LO ☐	[Tick only one]	
GIA/LTA Search	S$ 36.45			
Medical:	S$ —			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$ —			3) Survey fee: 9400-00
Total:	S$ 5,736.45	**Global Sum S$:**	5730.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5730.00	Name 1:	LBA AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—