15/5/2010

INS. CASE OWNER: JOANE | CC 6/ LCR 180 11666/ Uwa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 28/6/2018 Date / Time : 26/6/18

Registered in Merimen: 26/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLE8063Y Claim No. : 8283407649G 6x

Name of Insured : LCPF PTE Policy No. :

Insured Tel No. : HP: Make / Model : Honda Vezel

Excess Sec II :S$ D.O.A : 25-6-18 Place of Accident : PIE

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

If **NO**, Driver Name / Age : My Wai Kit OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SLA1257K → → →

INSRS: WSP: Hock Wah Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
4/7 written	SLA1257K. X; SLE8063Y. X
	Receive PIR From TP. OID was charge Careless driving.
	- PIR - AGAINST OID
	- MINUTES
	- TP LOD IN BY EMAIL
20/08/19	- 98ND ACCEPTANCE EMAIL TO TP.
	- 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:	21/5/19 email.
After call ltr to OI:	vivian

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: AGAINST OID	/	
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: Nil S$ 1300.00 (4 days) Reduction: 67 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/08/19 Confirm with DEHAN Email / Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : (OID RIGHT-ENDED TP)
Repair Cost: (w/GST)	S$ 1,391.00	
Loss of Rental (LOR):	S$ 400.00 (4 days) X $100	
Loss of Use (LOU):	S$ – ($ x days)	
Loss of Income (LOI):	S$ – ($ x days)	
LOR only / LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 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: $320.00
Total:	**S$ 1,798.45** **Global Sum S$:** –	

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

Payee 1:	S$ 1,798.45	Name 1:	HOCK WAH MOTOR WORKSHOP PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–