15/5/2010

INS. CASE OWNER: ~~LEE~~ MING YAO | CC 6 /AIG1801 1957 / U 1163 | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus | DOI: 1/7/18 | Date / Time : 1/7/18 | Registered in Merimen: 1/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJQ 2366 G	Claim No. :	98504432766G
Name of Insured :	GA PAY LENG.	Policy No. :	70043682
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 19/5/18	Place of Accident :	BEDOK RESERVOIR RD
Is driver the owner? (YES / (NO))		Nature of Accident :	
If **NO**, Driver Name / Age : NG ZHI WEI KELVIN		OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO	
Driver Tel No. :	(V/L: (YES) / NO)	Insured Liability : %	**Final ? Yes / No**

YN 5845B → → → →

INSRS: WSP: Liu's Bro. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
5/7/18	YN 5845B – LF/EGI/170/7914/ under DOA 19/5/18	Non-Reporting ltr (1st):	
	SJQ 2366G – CV/VAL/1809/777/Bn DOA 19/5/18	Non-Reporting ltr (2nd):	
V1/2	- OD ROUTINE	Non-Reporting ltr (Final):	
	- FINALISED.	Notification ltr (if non-pickup):	
	- TP LOD IN.	Call OI:	31/07/18 – VIC
	- CALL OI. NO RESPONSE.	After call ltr to OI:	
31/07/18 @ 2:45PM	- SPOKE TO OID. HE CONFIRMED ACCIDENT DETAILS W REAR-ENDED TP. OID SAID OI WAS RELATIVE. INFORMED HIM OF TP CLAIM. OID SAID TP GOT NO DAMAGES. SEND LETTER W EMAIL TO OID TO INFORM THE SAME.		
15/06/19	- SEND 1ST OFFER TO TP.		
	- TP ACCEPTED OFFER.		
	- ALL DOCS IN ORDER		
	- TO CLOSE		

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: LG	S$ 2,150.00 (3 days)	Reduction: 44 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 2/7/19	Confirm with SUSAN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia : COD REAR-ENDED TP)
Repair Cost:	S$ 2,150.00		
Loss of Rental (LOR):	S$ – (days)		
Loss of Use (LOU):	S$ 400.00 ($ 80 x 5 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: $320.00
Total:	S$ 2,557.45	**Global Sum S$:** –	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,557.45	Name 1: LIU'S BROTHER AUTO ENGINEERING WORKSHOP	
Payee 2: (Strike if N.A.)	S$ –	Name 2: –	
Payee 3: (Strike if N.A.)	S$ –	Name 3: –	