15/5/2010

INS. CASE OWNER: Sabha | CC 4, AG 180 12452, Khwa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth | DOI: 10-7-18 | Date / Time: 9/7/18

Registered in Merimen: 9/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GBB 5134E		Claim No. : 08 2687358969	
Name of Insured : Teo Studio Photography P/L		Policy No. :	
Insured Tel No. :	HP: 98157729	Make / Model :	
Excess Sec II :S$	D.O.A : 6/7/2018	Place of Accident : Airport Rd open space c/p	
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**

SJH 219B → ____ → ____ → ____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Autoworx House	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
12/7 Vivian	SJH 219B - X ; GBB5134E - X
12/7	OI NR. sent out 1st letter
10/9/18	Confirm accident details. inform TP claim. letter send out
	- FINALISED
	- TP LOD IN BY EMAIL
11/07/19	- SEND 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:	10/9/18
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:		
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: LHS S$ 2,250.00 (4 days) Reduction: 78 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 11/07/19	Confirm with YUKI	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : OI VEH. REVERSED/ROLLED BACK
Repair Cost:	S$ 2,250.00		
Loss of Rental (LOR) (W/GST):	S$ 304.95 (3 days) x $95.00		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 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: $320.00
Total:	S$ 2,556.95	**Global Sum S$:** —	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,556.95	Name 1:	AUTOWORX HOUSE
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	