5/SQ010

INS. CASE OWNER: Satha. | CC 6, AIG 180 12851, Upa 3 ½ | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus   DOI: 16/7/18   Date / Time: 16/7/18

Registered in Merimen: 16/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJY 9970R	Claim No. :	
Name of Insured :	LUA HUI MIEN	Policy No. :	210023357o
Insured Tel No. :	HP: 92333076	Make / Model :	N. SYLPHY
Excess Sec II :S$	D.O.A : 11/7/18	Place of Accident :	BUKIT BATOK RD
Is driver the owner? (YES / NO)	Nature of Accident :		

GX

If NO, Driver Name / Age :

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

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

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

GBD 4470E → → →

INSRS: WSP: Liu Brothers Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
19/7	GBD 4470E, X;
AK	SJY 9970R. c3/AIG/20137769/1116/+7/2; DOA 11/7/2
21/7/18@ 12.14pm	Called OI, Ms Lua. Confirm 3 veh cc. OI last car. Inform TP claim. Agreed to settle & aware NCD issue.
2/8/18	- File pass to type mandate.
15/12/18 -	DV sent
8/1/19	- File → Meilan to close

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	31/7/18
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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/12/18 Confirm with Susan Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.: 28 (3cc. OI aft) If NO or B 28, Ass. Lia : 100
Repair Cost:	S$ 10800.00	
Loss of Rental (LOR):	S$ — (— days)	
Loss of Use (LOU):	S$ 600.00 ($60 x 10 days)	8/1/19
Loss of Income (LOI):	S$ — ($ — 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: GP
Legal Cost	S$ —	3) Survey fee: $200
Total:	S$ 11402.00 **Global Sum S$** 11200.00	

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

Payee 1:	S$ 11200.00	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: