15/5/2010

INS. CASE OWNER: Joyce

CC 4 / RBE 180 13029, G/fa38?

LKK:
IDAC:

ASSIGNMENT

Surveyor: Xhu   DOI: 18/7/18   Date / Time: 18/7/18

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLR 3569U	Claim No. :	VC011671
Name of Insured :	TAN SIANG KEE	Policy No. :	8-V0016324-MVA
Insured Tel No. :	HP:	Make / Model :	HONDA CIVIC
Excess Sec II :S$	D.O.A : 16/7/2018	Place of Accident :	PIE > TUAS
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**

SLR3569U → SJH4770T → SLG7568D →

INSRS: WSP: Tel : Liability : RMKS: O1	INSRS: WSP: TORQUE 5 Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		**STAGE**	**DATE / PIC**
23/7 UPC	SJH4770T / SLR3569U } NA/AIG18012949/V3 ; DOA: 16/07/18	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	Total loss, not economical to repair. Xhu	Call OI: 30/7/2018	
		After call ltr to OI: 7/8/2018	
30/7/2018	No body pick up, OI call back. Confirmed involved 3 car chain collision and he is the last vehicle. Informed him about TP and HCD issue and ask for repair cost. told him TP vehicle total loss, and OI intend to do private settlement. told OI we will update him when we received letter of demand. Sent letter 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:	✓
20/08/19	- TP LOD IN BY EMAIL - OBE APPROVED MANDATE - SEND 1ST OFFER TO TP. - TP ACCEPTED OFFER. - ~~RECEIVED FV. ALL DOCS IN ORDER.~~ - TO CLOSE.	Towing Invoice	✓
		LTA / GIA :	✓
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	✓
		LOD	✓
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: TOTAL LOSS	S$ 800.00 (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with RACHEL	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost: TOTAL LOSS	S$ ~~800.00~~		
Loss of Rental (LOR):	S$ –	(days)	NO OV. TP REPAIRER CLOSE. SUBMIT WP REPORT
Loss of Use (LOU):	S$ ~~600.00~~ ($60 x 10 days)		
Loss of Income (LOI):	S$ –	($ x days)	
LOR only ☐ LOU only ✓	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ ~~59.00~~		
Medical:	S$ –		1) Claim status: Normal/Reject/Private Settle
Disbursement: TOWING	S$ ~~120.00~~	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –		3) Survey fee: $300.00
Total:	S$ ~~1,579.00~~	**Global Sum S$:** –	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ ~~1,579.00~~	Name 1: ~~TORQUE 5 PTE LTD~~	
Payee 2: (Strike if N.A.)	S$ –	Name 2: –	
Payee 3: (Strike if N.A.)	S$ –	Name 3: –	