

INS. CASE OWNER:

CC 3 / LPC 180 16429, Dha39

LKK:
IDAC:

Surveyor:

ABT

DOI:

3/9/2018

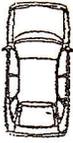
Date / Time:

2/9/2018

Registered in Merimen: -

Pre-assign / CCU / FTE

ASSIGNMENT



Insured Vehicle No. : SGQ 2010K

Claim No. : 17118/18/VPO5/020867

Name of Insured : RONNIE TEO

Policy No. : 29VP200414286

Insured Tel No. : HP: 97988255

Make / Model : Suzuki Grand Vitara

Excess Sec II : \$\$ D.O.A : 30/8/2018

Place of Accident : X-Junction of Yek Rd & Seletar Rd

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

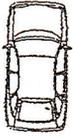
If NO, Driver Name / Age :

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

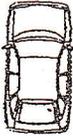
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

She 8996m



INSRS:
WSP:
Tel: CHUNNI
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time	STAGE	DATE / PIC
12/9/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: 06/09/18 Sent By: a3		
29/04/19 - RECOVERED PV. TP ACCEPTED OFFER.		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: L16 S\$ 9,800.00 (10 days) Reduction: 25 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 12/04/19 Confirm with: WILLIAM		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Assessed / Assessed) BOLA S/N No. : 5		If NO or B 28, Ass. Lia :
Repair Cost: (w/ GST) S\$ 10,486.00		COI WORKING RIGHT TURN
Loss of Rental (LOR): S\$ 1,641.92 (14 days) x \$ 117.28		
Loss of Use (LOU): S\$ 700.00 x 50 x 14 days		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$ -		
Disbursement: S\$ - (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost S\$ -		2) Report Format:
Total: S\$ 12,829.92 Global Sum S\$: 12,000.00		3) Survey fee: \$ 450.00
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 12,000.00 Name 1: CHUNNI MOTOR WORK PTE LTD		
Payee 2: (Strike if N.A.) S\$ - Name 2: -		
Payee 3: (Strike if N.A.) S\$ - Name 3: -		

See behind

She 8996m - call up 400 97791114m3k3 : 009-21/5/14
SGQ 2010K - call up 70160101/Sy3nr : 009-581/17
- TP GOT VIDEO FOOTAGE.
- TO CHECK REAR FENDER & HANGING COSTS - \$4738.00.- TP GOT VIDEO FOOTAGE.- THE EQUIPMENT OF WORKING RIGHT TURN @ JUNCTION.
- TO FINISH.- JINNAH 2/5 9800 - 2 to 10 days 2 re
- HANGING.
- TYPE REPORT FOR WARRANT APPROVAL
- ORIGINAL OF LOD IN
- REPORT DONE
- SEND WARRANTS TO LPC BY EMAIL
- LPC APPROVED WARRANTS
- SEND 1ST OFFER TO TP