

Gerald

CC 6, lpc 180 17249, A 303 n2

ASSIGNMENT

Surveyor:

LWP

DOI:

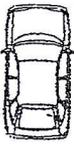
21/9/18

Date / Time:

20/9/18

Pre-assign / CCU / FTE

Registered in Merimen:



Insured Vehicle No. : SDL 83224

Claim No. : 181818/18/05/020933

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : \$\$ D.O.A : 16/9/2018

Place of Accident :

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

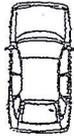
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

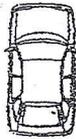
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

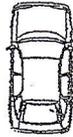
SDN 7372J



INSRS: WSP: Hua Meng Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date/ Time

In CMC

SDN 7372J - 6/1/2018 6:00 6153/A/B/1/3 ; DOA: 21/9/18 SDL 83224 - X

STAGE	DATE / PIC
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"/>
After call ltr to OI:	<input type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/>
Car Rental Invoice:	<input checked="" type="checkbox"/>
Towing Invoice	<input type="checkbox"/>
LTA / GIA :	<input checked="" type="checkbox"/>
Medical Bill:	<input type="checkbox"/>
PIR:	<input type="checkbox"/>
Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
LOD	<input checked="" type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>
Others:	<input type="checkbox"/>

dispute damage in OI GIA report

pending finalise COR

LOD in

21/08/19

REPORT DONE - SUBK UNAPPROVED APPROVAL TO LPC

22/08/19

LPC APPROVED UNAPPROVED SEND 1ST OFFER TO TP.

27/08/19

TP ACCEPTED OFFER ALL DOCS IN ORDER. TO CLOSE.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 49 S\$ 1,700.00 ( 3 days) Reduction: 67 % Email  Call

FINAL SETTLEMENT

Date/Time: 27/08/19

Confirm with: JING

Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 21

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 1,700.00

Front

Loss of Rental (LOR): S\$ 200.00 ( 2 days) x \$100

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\$ 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: \$ 450.00

Total: S\$ 1,907.45

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email  Call

Payee 1: S\$ 1,907.45

Name 1: HUA MENG SPRAY PAINTING WORKSHOP

Payee 2: (Strike if N.A.) S\$ -

Name 2:

Payee 3: (Strike if N.A.) S\$ -

Name 3: