15/5/2010

INS. CASE OWNER: | CC 4 /LPC1801 8105 / DW679 | LKK: IDAC:

ASSIGNMENT

Surveyor: Bryan   DOI: 8/10/18   Date / Time : 4/10/18

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. : GBC 17878.   Claim No. : 18/18/18/V105/070935

Name of Insured : PENTA LIGHTING PTE   Policy No. : 718VPL05000108

Insured Tel No. : ___   HP: ___   Make / Model : NISSAN

Excess Sec II :S$ ___   D.O.A : 7/9/18.   Place of Accident : BISHAN RD

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

If **NO**, Driver Name / Age : WONG SIN CHOON   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SGY7883H → ___ → ___ → ___

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Carewell	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Unrep.	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
7/10/18	SGY7883H — 0	Non-Reporting ltr (1st):	
	GBC17878 – 15/LPC1801/… /Accts …7/9/18	Non-Reporting ltr (2nd):	
VC		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	– TP REQUEST GIA FORMAT	Call OI:	
		After call ltr to OI:	

Date/ Time		Documentation Check List:	Handler	Typist
05/12/18	Finalised L/S 2300/- with 3 days	Notification ltr (if non-pickup):	☐	☐
	– FINALISED	After call ltr to OI:	☐	☐
	– TP LOD IN BY EMAIL	Authorisation To Act:	☑	☐
		Release Voucher:	☑	☐
14/02/19	– TYPE REPORT FOR MANDATE APPROVAL	Final Repair Bill:	☑	☐
	– REPORT DONE	Car Rental Invoice:	☐	☐
		Towing Invoice	☐	☐
07/03/19	– SEEK MANDATE APPROVAL TO LPC BY EMAIL	LTA / GIA :	☐	☐
		Medical Bill:	☐	☐
05.03PM	– SPOKE TO TP. OWNER DID NOT DO GIA REPORT.	PIR:	☑	☐
		Mandate/Reject Instruction:	☑	☐
21/03/19	– LPC APPROVED MANDATE	LOD	☑	☐
	– SEND 1ST OFFER TO TP.	Payment Breakdown Form:		☐

PRELIMINARY ADVICE Date/Time: 16/10/18   Sent By: ES   Post-Repair Photos: ☐ ☐

26/03/19 – RECEIVED FU. TP ACCEPTED OFFER.   Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 2,300.00 (3 days)	Reduction: 54 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21/03/19	Confirm with JACKLYN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed/ Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0% (A VEH. C.C., OID SKID)
Repair Cost:	S$ 2,300.00		
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 360.00 ($120 x 3 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	S$ —		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $450.00
Total:	**S$** 2,660.00	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,660.00	Name 1: CAREWELL AUTO SERVICE	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	