15/5/2010

INS. CASE OWNER: CC 4 / LPC 180 22327 / R/Ja39 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 12/12/18 Date / Time : 10/12/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : XE 8080E Claim No. : 18/18/18/12000/03197

Name of Insured : Tropic Planners & Landscape Pte Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 7/12/18 Place of Accident : Toto Bangah Green c/p

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**

5J53492A → → →

INSRS: WSP: Hitachi Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
13/12	5J53492A } CS/CTI/80/12/07/Tiqbn7 ; DOA: 9/10/18
Sdy	XE8080E } -NBA/LPC/180/22080/Y ; DOA: 7/12/18
	-CS/IM/1600398/14/thdl ; DOA: 7/10/18
	- MINUTED
	- TP LOD IN
	- PLEE REQUESTED. OID REQUESTED.
17/09/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
21/11/19	- SEEK MANDATE TO LPC BY EMAIL
26/11/19	- LPC APPROVED MANDATE.
	- SEND 1ST OFFER TO TP.
10/12/19	- TP ACCEPTED OFFER.
	- RECEIVED ORIG EN & ATA.
	- ALL DOCS IN ORDER.
	- TO CLOSE.

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)		
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: 14/12/18 Sent By: OB

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 5,500.00 (9 days) Reduction: 60 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/12/19 Confirm with JAMILAH Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : COID REQUESTED
Repair Cost: (w/GST)	S$ 5,885.00	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 720.00 ($ 60 x 12 days)	
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:
Legal Cost	S$ —	3) Survey fee: $ 450.00
Total:	S$ 6,607.00 **Global Sum S$:** —	

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

Payee 1:	S$ 6,607.00	Name 1:	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	