15/5/2010

INS. CASE OWNER: CC4/LPC18022789/Kds3n2

LKK:

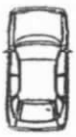
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 18/02/2019 Date / Time : 19/12/2018

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 4060P Claim No. : 18/18/19/VC05/021238

Name of Insured : J OASIS HOLDINGS PTE LTD Policy No. : Z18VC05000191

Insured Tel No. : HP: Make / Model : KIA K2500 6M/T

Excess Sec II :S$ D.O.A : 17/12/2018 Place of Accident : FILTER RD CTE TOWARDS OUTRAM RD

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

If NO, Driver Name / Age : OW YONG WENG SOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98807154 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

YM 4517K → → →

INSRS:
WSP: K. KIM HIN
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	YM 4517K - X GBG 4060P - X	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:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
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$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	S$	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	