15/5/2010

INS. CASE OWNER: LEE HING YAO | CC 4 /AIG1802 2171 / 4763. | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 16/11/18 Date / Time : 16/11/18

Registered in Merimen: 24/11/18.

Pre-assign / CCU / FTE SLQ 1291M.

Insured Vehicle No. : Claim No. : 0136185484 SG

Name of Insured : BERNARD ROMAN CLEMENT GAISON BECKMANN Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 16/11/18. 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**

SFA 4652G. → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: Autoworx House.	RMKS:	RMKS:	RMKS:

Date/ Time	
8/1/19	SFA 4652G-4 SLQ1291M-4
	- FINANCED
	- NO OI GIA ISSUED OUT 1ST LETTER.
21/03/19	- SENT 1st AR Letter
22/3/19	- 1st AR → $ 2.5K
	- TP DOESN'T KNOW TO PAY OUR REPORT
	TO REDIRECT
11-4-19	AUTOWORX TO PURCHASE OUR REPORT ?
	- CLAIM TO TP TO REDIRECT CLAIM TO CAR DEALERS.
	- SUBMIT WP REPORT

STAGE	DATE / PIC
Non-Reporting ltr (1st):	08/01/19
Non-Reporting ltr (2nd):	21/03/19 - 1ST AR
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: H/S S$ 6,900.00 (7 days) Reduction: 61 % 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$ —		NO SETTLEMENT SUBMIT WP REPORT MOTOR TRADE POLICY
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ —	(S x days)	
Loss of Income (LOI):	S$ —	(S x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [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: WP REPORT
Legal Cost	S$ —		3) Survey fee: $ 280.00
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:	—