Calculation slip wrong.

15/5/2010

INS. CASE OWNER: | CC4 /LPC1900 0691 /T2Y6382 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Tantich. DOI: 11/1/19 Date / Time : 11/1/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJN 716C
Name of Insured : TIMOTHY FER FIEN PING.
Insured Tel No. : HP: 9097m07
Excess Sec II :S$ D.O.A : 10/1/19.
Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : 18/11/19/VPV5/0772074.
Policy No. : 778/VPV50/18297.
Make / Model : TOYOTA
Place of Accident : PIE DIR EWADS.

If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

GBJ 341P → → →

INSRS:
WSP:
Tel : EM 1
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
11/1/19 2014	GBJ 341P-K SJN716C-CC4/LPC1900690/T2Y63 UM:10/01/19	
	- FINALISED - TP LOD IN BY EMAIL	
	- SEND PA TO LPC	
15/10/19	- TYPE REPORT FOR MANDATE APPROVAL	
	- REPORT DONE	
07/12/19	- SEEK MANDATE APPROVAL TO LPC	
15/12/19	- LPC APPROVED MANDATE	
	- SEND 1ST OFFER TO TP	
12/02/2020	- DV IN. TP ACCEPTED OFFER.	
	- 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: 15/10/19 Sent By: VIC

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LIS	S$ 4,750.00 (7 days)	Reduction: 56 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/02/2020	Confirm with NICOLE	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 5,082.50		COI REAR-ENDED TP
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ 480.00	(S$ 60 x 8 days)	
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ☐ LOU only ☑	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 36.45		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement: TOWING	S$ 60.00	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $ 450.00
Total:	S$ 5,658.95	**Global Sum S$:** 5,650.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,650.00	Name 1: EM-1 AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	