

15/5/2010

INS. CASE OWNER:

CCY / LPC1900

0691

J2h332

LKK:

IDAC:

Surveyor:

Tunlich.

DOI:

ASSIGNMENT

11/1/19

Date / Time:

11/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SYN 716C

Name of Insured:

TIMOTHY PER FLEW PING.

Insured Tel No.:

HP:

9093307

Excess Sec II :\$\$

D.O.A.:

10/1/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

18/11/19 vps1 onny.

Policy No.:

71815018297

Make / Model:

TOYOTA

Place of Accident:

P18 DR EMMUS.

If NO, Driver Name / Age:

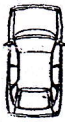
Driver Tel No.:

(V/L) YES / NO

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

km 2



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
2/1/19	Q87 MIP-K	Non-Reporting ltr (1st):	
7/1/19	SYN 716C - C14/LPC1900/9820/K2P13 URM: 20/1/19	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)	
15/10/19	FINALIZED	After call ltr to OI:	
	TP LOD IN BY EMAIL	Authorisation To Act:	
	SEND PA TO LPC	Release Voucher:	
	TYPE REPORT FOR MANDATE APPROVAL	Final Repair Bill:	
	REPORT DONE	Car Rental Invoice:	
07/12/19	SEND MANDATE APPROVAL TO LPC	Towing Invoice	
15/12/19	LPC APPROVED MANDATE	LTA / GIA:	
	SEND 1st OFFER TO TP	Medical Bill:	
12/02/2020	DV IN. TP ACCEPTED OFFER.	PIR:	
	ALL DOCS IN ORDER.	Mandate/Reject Instruction:	
	TO CLOSE	LOD	
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: 15/10/19	Post-Repair Photos:	
	Sent By: V/C	Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: US	\$S 4,750.00 (7 days)	Reduction: 50 %	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/LOU)	\$S 5,082.50		COI REAR - ENDED TP
Loss of Rental (LOR):	\$S (days)		
Loss of Use (LOU):	\$S 480.00 (\$ 60 x 8 days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/ T A Search	\$S 36.45		
Medical:	\$S -		1) Claim status: Normal/Reject/Private Settle
Disbursement: TUNING	\$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: -	