Express (due on 05/12/19
To Close within **3 WDs**
Sent : 03/12/19

15/5/2010

INS. CASE OWNER: CC 3 /AIG1900 17226 , R1 6

ASSIGNMENT

Surveyor: RASUL DOI: 23/01/19 Date / Time : 21/1/19

Registered in Merimen: 21/1/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLQ 9880K	Claim No. :	3771 9658055G
Name of Insured :	KHOO SEOW HWEE TERESA.	Policy No. :	18000 72754?
Insured Tel No. :	HP:	Make / Model :	OPEL.
Excess Sec II :S$	D.O.A 23/1/19.	Place of Accident :	ENNUS LANE 5
Is driver the owner? (YES / NO) (NO circled)	Nature of Accident :		
If **NO**, Driver Name / Age : SEOW HWEE TERESA KHOO		OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)	
Driver Tel No. :	(V/L: YES / NO) (YES circled)	Insured Liability : %	**Final ? Yes / No**

SFZ 7551D → → →

INSRS: WSP: PREMIUM. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
21/1/19	SFZ 7551D - Y SLQ9880K - Y
PP.	- FINALISED
	- TP VIDEO UPLOADED IN MERIMEN
	- TP LOD IN BY EMAIL
25-1-19 @ 1140	CONFIRMED ACC. SHE HAVE PROTECTOR EXP. VIDEO AGREED. SHE WANTS TO KNOW COR.
	- ORIG. TP LOD IN
02/12/19	- UPLOADED U IN MERIMEN
	- 90010 ACCEPTANCE EMAIL TO TP
	- 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:	JOY 25-1-19
After call ltr to OI:	

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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: P/P	S$ 5,001.00 (5 days) Reduction: 46 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/12/19	Confirm with CHEE SIANG	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) (Agreed circled) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 5,351.07		
Loss of Rental (LOR) (w/GST)	S$ 802.50 (5 days) x $150	VIDEO	TP VIDEO @ CHANGED LANE
Loss of Use (LOU):	S$ — ($ 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 (Normal circled)
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	**S$** 6,153.57	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 6,153.57	Name 1: PREMIUM AUTOCARE CENTRE	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	