15/5/2010

INS. CASE OWNER: | CC 6 /CTI1900 1545 / A 14b3 52 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian | DOI: w/i/in | Date / Time : w/i/in. | Registered in Merimen: w/i/i

Pre-assign / CCU / FTE

Insured Vehicle No. : SKW 6107Z		Claim No. :	
Name of Insured : LEE SEW BOON ALEXIS		Policy No. :	DMPLSW3U5TZVEL80Z
Insured Tel No. :	HP:	Make / Model :	BMW
Excess Sec II :S$	D.O.A : 18/1/19.	Place of Accident :	PIE
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : LEE BING RU.		OI GIA REPORT: (YES) / NO : TP GIA REPORT: (YES) / NO	
Driver Tel No. :	(V/L: (YES) / NO)	Insured Liability : %	**Final ? Yes / No**

SLX 2401T →

INSRS: WSP: XIN HUA. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLX 2401T } SMK1414190010Z / EZ DM: 18/1/19
	SKW6107Z }
	- FINALISED
	- TP LOD IN BY EMAIL
06/09/19	- FILE REVIEWED. OI REAR-ENDED TP.
	SEND LETTER VIA EMAIL TO OI TO
	NOTIFY TP CLAIM VIA NCD 109065
	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
26/11/19	- SEEK MANDATE APPROVAL TO OTI
	TP LOD SENT TO SUR DEPT.
21/11/19	- OTI APPROVED MANDATE.
	- SEND 1ST OFFER TO TP.
	- 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:	06/09/19 - VIC

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: 06/09/19 Sent By: VIC

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: F/P	S$ 4,952.90 (5 days)	Reduction: 58 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/12/19	Confirm with KELVIN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,952.90		C010 REAR-ENDED TP
Loss of Rental (LOR)(W/GST)	S$ 642.00 (6 days) x $100		
Loss of Use (LOU):	S$ — (S$ x days)		
Loss of Income (LOI):	S$ — (S$ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 7.45		
Medical:	S$ —		1) Claim status: (Normal)/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $400.00
Total:	S$ 5,602.35	**Global Sum S$:** 5,600.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,600.00	Name 1: XIN HUA WORKSHOP PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	