15/5/2010

INS. CASE OWNER: Ong (l l) | CC 4 / LPC 1900 1560 / T1 ... 9 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Tan Akh DOI: 12/2/2019 Date / Time: 23/1/19

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No.: SKJ 5841 Z		Claim No.: 18/19/19/VP05/024356	
Name of Insured: LOW KOK TONG		Policy No.:	
Insured Tel No.:	HP: 96880619	Make / Model:	
Excess Sec II :S$	D.O.A: 21/1/2019	Place of Accident:	
Is driver the owner? (YES / NO) (YES circled)		Nature of Accident:	
If NO, Driver Name / Age:		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**

SMH 1570 M → ____ → ____ → ____

INSRS: WSP: PML Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
8/1 CPK	SMH 1570M - X ; SKJ 5841 Z - X
	OI reversing and collided into TP vehicle.
	e-mail liability clear.
	pending Survey
	pending finalize LOR
	pending LOD
	- FINALIZED
	- ORIGINAL TP LOD IN
20/06/19	- TYPE REPORT FOR MANDATE APPROVAL
02/07/19	- SEEK MANDATE APPROVAL TO LPC
03/07/19	- LPC APPROVED MANDATE
08/07/19	- SEND 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:	
After call ltr to OI:	10/5/2019

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: 27/2/2019 Sent By: CPK

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 2,485.95 (3 days)	Reduction: 13 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/08/19	Confirm with CAROLINE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) (Agreed circled)	BOLA S/N No.: Nil	If NO or B 28, Ass. Lia:
Repair Cost: (W/GST)	S$ 2,659.97		OI reversing and collided into TP vehicle
Loss of Rental (LOR) (W/GST)	S$ 149.80 (2 days) x $70		
Loss of Use (LOU):	S$ – ($ x days)		
Loss of Income (LOI):	S$ – ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 2.00		
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: $450.00
Total:	S$ 2,811.77	**Global Sum S$:** –	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,811.77	Name 1: PERFORMANCE MOTORS LIMITED	
Payee 2: (Strike if N.A.)	S$ –	Name 2: –	
Payee 3: (Strike if N.A.)	S$ –	Name 3: –	