

INS. CASE OWNER:

CC 6 / LCR 1900 1563 , Aha39

LKK:
IDAC:

Surveyor:

Cwp

DOI:

ASSIGNMENT

21/1/19

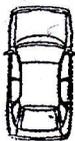
Date / Time :

21/1/19

Registered in Merimen:

23/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLD 3857L

Claim No. :

Name of Insured : LCPK PLZ

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 18/01/19

Place of Accident :

Is driver the owner? (YES NO) Nature of Accident :

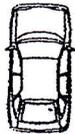
If NO, Driver Name / Age :

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

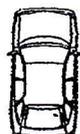
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

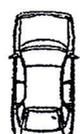
SKH 1446T



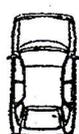
INSRS: WSP: Hammer. Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		STAGE	DATE / PIC
25/1/19	SKH 1446T	Non-Reporting ltr (1st):	
	SUD 3857L	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	6-6-19 JOY
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	✓ <input type="checkbox"/>
		Authorisation To Act:	✓ <input type="checkbox"/>
		Release Voucher:	✓ <input type="checkbox"/>
		Final Repair Bill:	✓ <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	✓ <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	✓ <input type="checkbox"/>
		LOD	✓ <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

H2R.
 MINAREND
 TP LOD IN
 M6 APPROVED WARRANTS
 SEND 1ST OFFER TO TP
 TP ACCEPTED OFFER.
 ALL DOC IN OFFER
 TO CLOSE.

25-6-19 LOD IN - FOR MANDATE

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LG S\$ 7,500.00 (7 days) Reduction: 65 % Email Call

FINAL SETTLEMENT Date/Time: 11/07/19 Confirm with: SINA Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27 If NO or B 28, Ass. Lia: OLD LTR - SEND TO

Repair Cost: S\$ 7,500

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 800 (\$ 100 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\$ 7.45

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 8,307.45 Global Sum S\$: 8,300.00

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 8,300.00 Name 1: HUA HENG SPRAY PAINTING WORKSHOP

Payee 2: (Strike if N.A.) S\$ - Name 2: -

Payee 3: (Strike if N.A.) S\$ - Name 3: -

COPY SENT
11/7/19