15/5/2010

INS. CASE OWNER:	CC6 LLR /~~AIG~~1900 7546 , UK0603	LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 14/2/2019 Date / Time : 12/2/19

Registered in Merimen: 12/2/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SLJ7886U.		Claim No. : 43701076804U
Name of Insured : UR		Policy No. : 99AA8501?
Insured Tel No. :	HP:	Make / Model : Nissan
Excess Sec II :S$	D.O.A : 6/2/19.	Place of Accident : TUN UNKARA DALAM
Is driver the owner? (YES / NO)	Nature of Accident :	
If **NO**, Driver Name / Age : WEE TIONG HAR.		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : % **Final ? Yes / No**

SLV 6275S → → →

INSRS: Hock WSP: Wah. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLV6275S-X SLJ7886U-X
	Got video. Video very blur. OID reporting only.

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:	13/8/19 email only

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:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: PIP	S$ 1080.00 (3 days)	Reduction: 52 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/3/2019	Confirm with Angela	Email ☑ Call ☐
Final Liability:	% 50/50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : (CONFLICTING VERSIONS)
Repair Cost: MR 1155.60	S$ 577.80		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU): 180.00	S$ 90.00	(S$ 60 x 3 days)	
Loss of Income (LOI):	S$	(S$ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LO ☐		[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: TP
Legal Cost	S$ –		3) Survey fee: $320.00
Total:	**S$** 675.25	**Global Sum S$:** 670.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 670.00	Name 1: Hock Wah Motor Workshop Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	