15/5/2010

INS. CASE OWNER: TEE CHEE WAH | CC 6/HR 1900 2991 / Uh 13 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus

DOI: 18/2/19

Date / Time : 18/2/19

Registered in Merimen: 18/2/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SLG 7188A

Claim No. : 0593585785GG

Name of Insured : LERP P/L

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 17/2/19

Place of Accident :

Is driver the owner? (YES / NO) — NO circled

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) — YES circled

Insured Liability : %

Final ? Yes / No

SKU7762Y → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Jm Anfo.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SKU7762Y - MACT118060236/24 ; DOA: 5/6/18
1/3 joy	SLG 7188 A - X
	- FINALISED
	- TP LOD IN BY EMAIL
26/07/19	- MUS REVIEWED. OID ENTERING ROUND ABOUT, SEND EMAIL TO OI TO NOTIFY TP CLAIM.
	- 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:	26/07/19 - VIC

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: L/S	S$ 2,350.00 (3 days)	Reduction: 85 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 26/07/19	Confirm with SOUIS	Email [✓] Call [ ]
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 12	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2,514.50		(OID ENTERING ROUNDABOUT)
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 180.00 ($ 60 x 3 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
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	S$ 2,694.50	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email [ ] Call [ ]
Payee 1:	S$ 2,694.50	Name 1:	SIN AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—