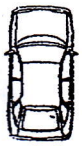
15/5/2010

INS. CASE OWNER: LEE MING YAO | CC6 / AIG 19006781 / UNK3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 01/03/19 Date / Time : Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 5663R Claim No. : 7971380290G6

Name of Insured : HO >IA MING MARK Policy No. :

Insured Tel No. : HP: 96713978 Make / Model :

Excess Sec II :S$ D.O.A : 12/02/19 Place of Accident :

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

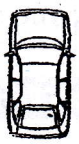
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

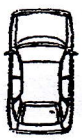
SLM 5677D → → →

INSRS: SPECIALIST
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
18/03/19	- CECILIA SPOKE TO OI. CONFIRMED ACCIDENT DETAILS & REAR-ENDED TP. SEND LETTER TO OI.
	- FINALISED
	- TP LOD IN BY EMAIL
	- TP NO RENTAL AGREEMENT
16/10/19	- 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:	18/03/19 - CCL
After call ltr to OI:	20/03/19 - CCL

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: P/P	S$ 3,524.91 (4 days)	Reduction: 63 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/10/19	Confirm with PHONE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/OUT)	S$ 3,557.65		(OI REAR-ENDED TP)
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 500.00 ($100 x 5 days)		
Loss of Income (LOI):	S$ — ($ 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: $320.00
Total:	S$ 4,057.65	**Global Sum S$:** —	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,057.65	Name 1:	SPECIALIST MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—