15/5/2010

INS. CASE OWNER: SALIHA | CC 6 /AIG1900 5147/ Vb 63 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MARCOS   DOI: 21/05/19   Date / Time : 21/3/19.

Registered in Merimen: 21/3/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJH 2341Z /	Claim No. :	6220026724 9454
Name of Insured :	Jeffrey Tan Gin Nai	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 16/3/19.	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**

GBB 9371K → ______ → ______ → ______

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

Date/ Time	
	GBB9371K - 4 SJH2341Z - 4
	- NO OI/TP, SENT OUT 1ST LETTER
16/4	1st AR → $2.54
10/05	OI GIA Report In H2R BOLA 27.
	- FINALISED
	- TP LOD IN BY EMAIL
25/02/2020	- SEND ACCEPTANCE EMAIL TO TP
	- DV IN. 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:	19/07/19 - VIC

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: HW	S$ 2,250.50 (4 days) Reduction: 5 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26/02/20	Confirm with ANGELA	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2,407.50		COLD (RMK. ENDED TO)
Loss of Rental (LOR):	S$ 400.00 (4 days) x $100		
Loss of Use (LOU):	S$ — ($ 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
Disbursement:	S$ — (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	**S$** 2,809.50	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,809.50	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: —	