

INS. CASE OWNER:

CC 3 / LPE 1900

5584 / Eha3

LKK:

IDAC:

Surveyor:

Steve

DOI:

ASSIGNMENT

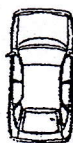
26/3/19

Date / Time:

26/3/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBA 8722

Name of Insured:

Hoang Son Inc

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

11/03/2019

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

18/19/19/UC00/021520

Policy No.:

Make / Model:

Place of Accident:

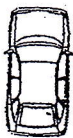
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLN 2502P



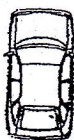
INSRS:

WSP:

Tel:

Liability:

RMKS:



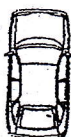
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

2/4
2/4

SLN 2502P

GBA 8722

NA/LPE 1900 5584/24 : 11/3/19

- 24/19/19 18/1588/19/3/19 : 11/3/19

FINANCED

10/04/19

FILE PROVIDED. OLD REAR-ENDED TP.

TYPE REPORT. WHILE PARKING TP LOD

REPORT DONE

ORIGINAL TP LOD IN

REPORT DONE

16/09/19

GEEK MANIFEST APPROVAL TO LPE BY EMAIL

26/09/19

LPE APPROVED WANDATE

24/09/19

SEND 1ST OFFER TO TP

04/12/19

RECEIVED DI. TP ACCEPTED OFFER.

ALL DONE IN DEBATE.

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:

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: 28/03/19

Sent By: AB

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: P/P

S\$ 5,916.00 (5 days) Reduction: 67 %

Confirm by:

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

DON BONG

Email ☐ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost: (w/loss)

S\$ 6,330.12

(OLD REAR-ENDED TP)

Loss of Rental (LOR):

S\$ - (days)

Loss of Use (LOU):

S\$ 360.00 (\$60 x 6 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\$ -

Disbursement:

S\$ -

Legal Cost

S\$ -

Total:

S\$ 6,692.12

Global Sum S\$:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$450.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 6,692.12

Name 1:

CYCLE & CARriage KIA PTB LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: