15/5/2010

INS CASE OWNER: SALINA | CC 4/ Alb 1900 5585 / Ch 3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth   DOI: 4/4/19   Date / Time : 28/03/2019

Registered in Merimen: 28/3/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SLK 4699H   Claim No. : 11690951045G

Name of Insured : Allswell Leasing & Limousine P/L   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 21/03/19   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

SLJ3542M → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : UKB	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
2/4 (AH)	SLJ3542M - X ; SLK4699H - CS/FV017814165/MLVBN2 ; POI: 16/7/17
2/4/19	- Pls see Mans
	- OI REAR-ENDED TP. LETTER SENT OUT
	- FINALIZED
	- TP LOD IN BY EMAIL
22/08/19	- SEND 1ST OFFER TO TP
23/08/19	- 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:	XLM 2/4/19
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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 3,251.06 (4 days) Reduction: 42 % Email Call

FINAL SETTLEMENT Date/Time: 23/08/19 Confirm with SERENE Email ✓ Call

Final Liability:	% (A) (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : OI REAR-ENDED TP
Repair Cost:	S$ 3,251.06	
Loss of Rental (LOR):	S$ 720.00 (6 days) X $120	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ✓ LOU only	LOR + LOU LOR + LOI [Tick only one]	
GIA/LTA Search	S$ 7.45	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 3,978.51 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$ 3,978.51	Name 1:	LIM YEW BOO CAR KAY PAINT CO.
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—