15/5/2010

INS. CASE OWNER: | CC 4 /LPC1900 5931 / EK 2639 | LKK: | IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 9/4/19 Date / Time : 9/4/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLL 4169R	Claim No. :	19/19/19/4PV5/07614
Name of Insured :	LIOW YEMA KIT WILSON	Policy No. :	219VPV1907403
Insured Tel No. :	HP:	Make / Model :	SUBARU
Excess Sec II :S$	D.O.A : 1/4/19	Place of Accident :	LIE

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

If **NO**, Driver Name / Age : LIU MENG YEE

Driver Tel No. : (V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

YN 2109M → SLL 4169R → GBH 7571E →

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: OI	INSRS: Tat WSP: Heng Tel : Liability : TP RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBH 7571E - 4 SLL 4169R - 4
	- FINALIZED
	- TP LOD IN BY EMAIL
	- FILE REVIEWED. OID INVOLVED IN A 3 VEH. C.C. OI WAS THE 2ND CAR.
07/10/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
29/10/19	- SEEK MANDATE APPROVAL TO LPC
30/10/19	- LPC APPROVED MANDATE
	- SEND ACCEPTANCE EMAIL TO TP
	- RECEIVED DV. 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:		
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: 12/04/19 Sent By: 63

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LS S$ 1,300.00 (3 days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 31/10/19 Confirm with GEORGINA Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0% (3 VEH. C.C., OID 2ND)
Repair Cost:	S$ 1,300.00	
Loss of Rental (LOR):	S$ 240.00 (3 days) X $80.00	
Loss of Use (LOU):	S$ — (S$ x days)	
Loss of Income (LOI):	S$ — (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: $450.00
Total:	**S$** 1,540.00 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1,540.00	Name 1: TAT HENG MOTOR WORKS PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: