15/5/2010

INS. CASE OWNER: CC 4/III1900 WY9, TJ Gb2

LKK:

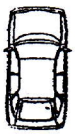
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: 12/4/2019. Date / Time : 5/4/21.

Registered in Merimen: 5/4/21.

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8483B. Claim No. : _____

Name of Insured : LTPL Policy No. : MOMOOS

Insured Tel No. : _____ HP: _____ Make / Model : MWWDM

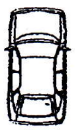
Excess Sec II :S$ _____ D.O.A : 21/7/19 Place of Accident : BP

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

If **NO**, Driver Name / Age : TIAH JEE KENG. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

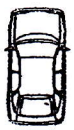
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMB 3570D → _____ → _____ → _____



INSRS:
WSP: Tower transit
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMB3570D-Y SHC8483B-Y
27/7/19 -	TO req AVF from OI. TO confirm 50% side swipe.
24/8 -	Req AVF from TP.
25/9 -	2nd reminder → TP
	PENDING SURVEY.

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 965.00 (1 days) Reduction: 815.30 % 46 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/01/2021 Confirm with Lynn. Email ☑ Call ☐

Final Liability:	% ~~50~~ 100 (Agreed / Assessed) BOLA S/N No. : ~~20~~ 15.	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1032.55 (W/GST)	Side Swipe.
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ~~225~~ 250.00 ($250 x 1 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LO ☐ **[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: TP
Legal Cost	S$	3) Survey fee: $350/-
Total:	S$ ~~1282.55~~ 1282.55 **Global Sum S$:**	

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

Payee 1:	S$ 1282.55	Name 1:	Tower Transit Singapore Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	