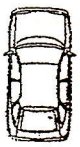
INS. CASE OWNER: BERNARD | CC 6, AIG 1900 6805, PH 3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RAJU DOI: 15/4/19 Date / Time: 15/4/19

Registered in Merimen: 16/4/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 8304K

Name of Insured : EPAT VIMODAN

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 4/4/19

Is driver the owner? (YES / NO)

Claim No. : 9707707169SG

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

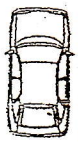
If NO, Driver Name / Age :

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

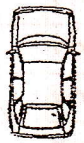
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

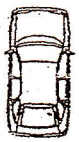
GBE 5162 H →



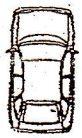
INSRS:
WSP: Sin Hup Lee
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
18/4	GBE 5162H - X ; SMF 8304K - X
fuy	
	HEAD TO REAR
	- PROCESSED
	- TP LOD IN BY EMAIL
24/06/19	- MAINTAIN OFFER TO TP.
01/07/19	- TP CAME IN. 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:	
After call ltr to OI:	24/06/19 - VIC

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	X	
After call ltr to OI:	/	
Authorisation To Act:	/	
Release Voucher:	/	
Final Repair Bill:		
Car Rental Invoice:	/	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	X	
LOD	X	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LIS S$ 4,750.00 (8 days) Reduction: 26 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05/07/19 Confirm with MR WONG Email / Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : COLD LOAD-ENDED TP
Repair Cost:	S$ 4,750	
Loss of Rental (LOR):	S$ 400 (4 days) 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$ –	
Medical:	S$ –	
Disbursement:	S$ – (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$ –	2) Report Format:
Total:	S$ 5,150.00 Global Sum S$: –	3) Survey fee: $320.00

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

Payee 1:	S$ 5,150.00	Name 1:	SIN HUP LEE SERVICE CO.
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–