15/5/2010

INS. CASE OWNER: CC 6 /CTI1900 804-0, Ah.6352. | LKK: | IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 6/5/19 Date / Time : 6/5/19 11.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBA 7539M. Claim No. : SNM19D202000C02/thp

Name of Insured : NET ONE LEASING PTE Policy No. : DMCVSN1905661900

Insured Tel No. : HP: Make / Model : TOYOTA

Excess Sec II :S$ D.O.A : 4/5/19. Place of Accident : PIE

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

If **NO**, Driver Name / Age : SOH WEE CHEONG.

Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SJY7451K →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Vision.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SJY7451K-Y GBA7539M-Y
	- FINALISED - TP LOD IN BY EMAIL
19/09/19	- PIE REQUIRED. OLD REPAIR - ENDORSED TP. SEND LETTER VIA EMAIL TO OI TO NOTIFY TP CLAIM W NCD ISSUES.
	- SEND PA TO OI.
19/09/19	- TYPE REPORT FOR MANDATE APPROVAL - REPORT DONE
29/10/19	- SEEK MANDATE APPROVAL TO OI
14/11/19	- OI APPROVED MANDATE - SEND 1ST OFFER TO TP.
19/11/19	- TP ACCEPTED OFFER. - AW 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:	19/09/19 - VIC

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: 19/09/19 Sent By: VIC

FINALIZATION	Date/Time:		Confirm with:	Confirm by:
Repair Cost: LG	S$ 5,900.00	(9 days)	Reduction: 62 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/11/19		Confirm with MICHELLE	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 6,313.00			(OLD REAR - ENDORSED TP)
Loss of Rental (LOR):	S$ 700.00	(7 days)	X $100.00	
Loss of Use (LOU):	S$ —	($ x days)		
Loss of Income (LOI):	S$ —	($ x days)		
LOR only ✓ LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[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: $400.00
Total:	S$ 7,020.45	**Global Sum S$:** —		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,020.45	Name 1:	VISION AUTOWORK PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—