INS. CASE OWNER: CC 6, LPC 1900 8715 / Ehag | LKK: | IDAC:

ASSIGNMENT

Surveyor: Steve | DOI: 9/5/19 | Date / Time: 9/5/2019

Registered in Merimen: ✓

Pre-assign / CCU / FTE

Insured Vehicle No.	: GX 6725T		Claim No.	: 18/19/19/VC08/021770
Name of Insured	: STL Development Pte		Policy No.	:
Insured Tel No.	:	HP:	Make / Model	:
Excess Sec II :S$		D.O.A : 7/5/19	Place of Accident :	
Is driver the owner?	(YES / NO)	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

SLL 9042P →

INSRS: WSP: Vermogen. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLL 9042P } NA/LPC/1900815 7/7/4 ; 9/19, 7/5/19
	GX 6725T } – CW/IC/S18000789/MU8392 ; 08/3/1/18
	- FINALISED
	- TP LOD IN BY EMAIL
	- FILE REVIEWED. OIC LOST CONTROL
03/09/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
12/09/19	- SEEK MANDATE APPROVAL TO LPC
17/09/19	- LPC APPROVED MANDATE.
	- SEND 1ST OFFER TO TP
01/10/19	- DV IN. 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:	
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: 13/05/19 Sent By: AB

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/G S$ 5,000.00 (7 days) Reduction: 29 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 24/09/19 Confirm with EZEL Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : Z1	If NO or B 28, Ass. Lia : COIO LOST CONTROL
Repair Cost: (W/GST)	S$ 5,350.00	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 540.00 ($ 60 x 9 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only [ ] LOU only [✓]	LOR + LOU [ ] LOR + LOI [ ] [Tick only one]	
GIA/LTA Search	S$ 31.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $400.00
Total:	S$ 5,921.00 Global Sum S$: —	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 5,921.00	Name 1:	VERMOGEN ACE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—