INS. CASE OWNER: LOH CHEE HENG | CC 6/ AIG 1900 9268/ AIG3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Lmp DOI: 24/5/19 Date / Time : 24/5/19

Registered in Merimen: 27/5/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLC 7174E		Claim No. :	AAC05 1174716G
Name of Insured :	YIP HOI PHANG		Policy No. :	
Insured Tel No. :		HP:	Make / Model :	
Excess Sec II :S$		D.O.A : 23/5/19	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

SKC 7777S → → →

INSRS: WSP: Eunos Tel : Liability : motor RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SKC 7777S - CC6 / AIG / 6017174 / A2639 ? : 60A 17/9/16
	SLC 7174E } MAIM / 9009 / 337164 : 60A 23/5/19
19/6/19 12.27pm	Called OI to inform TP claim
	- SEND LETTER TO OI.
	- FINALIZED.
	- ORIGINAL TP LOD IN
19/07/19	- SPOKE TO MS NG, CONFIRMED SETTLEMENT.
	- 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:	19/06/19 - SHIRLEY JICOLE

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: LHO S$ 1,800.00 (3 days) Reduction: 77 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/07/19 Confirm with MS NG Email ☐ Call ☑

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,800.00	C010 REAR-ENDED TP)
Loss of Rental (LOR):	S$ 400.00 (4 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 + 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: $320.00
Total:	S$ 2,200.00 Global Sum S$: —	

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

Payee 1:	S$ 2,200.00	Name 1:	EUNOS MOTOR SERVICE
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—