~~INS.~~ CASE OWNER: ~~LEE~~ HING YAO | CC 4 / Alh 1900 9437 / Aha3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Lup   DOI: 24/8/19   Date / Time: 28/8/19

Registered in Merimen: 27/8/19

Pre-assign / CCU / FTE

Insured Vehicle No.: SMJ 6408L   Claim No.: 1363106F756G

Name of Insured: CHUGANI SONIA MOHANDAS MRS. SONIA DAHANI   Policy No.:

Insured Tel No.:   HP: Make / Model:

Excess Sec II :S$ D.O.A: 25/8/19   Place of Accident:

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

If NO, Driver Name / Age: OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SGQ 8282 C →

INSRS:
WSP: BW WKSP.
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	
	SGQ8282C- NIRMALA 0431974881 y1 ; DOA: 2/9/09
	SMJ6408L. x
11/6/19 5.48pm	Called OI to inform TP claim
	- SEND LETTER
	- EMAIL LIABILITY CLEAR
	- FINALISED
	- ORIGINAL TP LOD IN
26/09/19	- SEND ACCEPTANCE EMAIL TO TP
	- DV IN. 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:	} 11/06/19 - SILVY
After call ltr to OI:	} NIC - OK

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$ 3,202.00 (4 days)	Reduction: 25 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 26/09/19	Confirm with JUSTIN	Email ✓ Call [ ]
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.: 28	If NO or B 28, Ass. Lia: 0% (3 VEH. C.C.; OI 2ND CAR)
Repair Cost: (W/GST)	S$ 3,426.14		
Loss of Rental (LOR) (W/GST)	S$ 428.00	(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$ 2.00		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	S$ 3856.14	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email [ ] Call [ ]
Payee 1:	S$ 3,856.14	Name 1: BW WORKSHOP SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	