15/5/2010

INS. CASE OWNER: LOH CHEE HENG | CC 4/AIG1900 aU73 / U hbb. | LKK: IDAC:

ASSIGNMENT

Surveyor: Marius   DOI: 29/5/19   Date / Time: 28/5/19   Registered in Merimen: 29/5/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : FBL 6378J.   Claim No. : 876124554WSG
Name of Insured : SNG SOON BOON (CHUN SHUWEN)   Policy No. : 1800155760.
Insured Tel No. :   HP: Make / Model : HONDA
Excess Sec II :S$ D.O.A : 28/5/19   Place of Accident : UPMIT RD.
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**

SLG 9081P → → →

INSRS:
WSP: Think One
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLG 9081P - A FBL 6378J - A
06/06/19	- EMAIL LIABILITY CLEAR
14/6/19, 2.05pm	Called OI to inform TP claim
	- FINALIZED
	- ORIGINAL TP LOD IN
29/07/19	- SEND ACCEPTANCE EMAIL TO TP
31/07/19	- 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:	14/6/19 - SIMIN vic-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: L/S   S$ 3,600.00 (3 days) Reduction: 81 %   Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 31/07/19   Confirm with KAREN   Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: C/W(GST)	S$ 3,852.00		C01 REAR-ENDED TP
Loss of Rental (LOR) (C/GST)	S$ 481.50 (3 days) x $150.00		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only [✓] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] [Tick only one]			
GIA/LTA Search	S$ 200		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	S$ 4,385.50	**Global Sum S$:** —	

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

Payee 1:	S$ 4,385.50	Name 1:	THINK ONE AUTOCARE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—