15/5/2020

INS. CASE OWNER: CC 4/LPC1900 9492, Kbh. | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 16/4/19. Date / Time: 16/4/19.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SDB 7308K
Name of Insured : Gui Chai Hong.
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 18/4/19.
Is driver the owner? (YES / NO) Nature of Accident :
If **NO**, Driver Name / Age : Tan Hon Tat
Driver Tel No. : (V/L: YES / NO)

Claim No. : 18/19/19/VP05/01824.
Policy No. : 318VP0501878Z.
Make / Model : Toyota
Place of Accident : Sims Ave BY Eng Ku Aman KO

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SFG 1085A →

INSRS:
WSP: Chiew Hoe
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SFG 1089A – X SBB7308K – X
30/5/19	*CONPAC: Pls assess liability before proceeding with DS as our Insured is claiming TP.
18/6/2020	*OI's counter claim status? - OI workshop CPIC: catherine - Starbright Auto) said counter claim successful + DV sent to Lonpac (Haze).
18/6/2020	Gerald - Lonpac, approved to reject TP claim.

Reject Case
By (staff) : Phaedon
Approved by : Yn
Date : 03-7-20

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:
Repair Cost: L/S S$ 3,100 (7 days) Reduction: $1,157.27 % Email ☐ Call ☐

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

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia : *Reject claim - survey done.
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
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: $400
Total:	**S$** **Global Sum S$:**	

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

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: