

15/5/2010

INS. CASE OWNER:

CC

/LPC1901 0414, K2h637/

LKK:

IDAC:

Surveyor:

KALIN.

DOI:

ASSIGNMENT

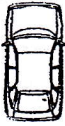
11/6/19

Date / Time:

11/6/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

STP 69132

Claim No. :

19/11/29/1005/01921

Name of Insured :

GOK SOON KONG.

Policy No. :

3111/1014/01051

Insured Tel No. :

HP:

Make / Model :

T07074

Excess Sec II :\$

D.O.A :

11/6/19

Place of Accident :

VISHNUPAY 2

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

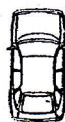
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHA 7271M.

INSRS:
WSP:
Tel :
Liability :
RMKS:CODE
M.INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 7271M - 11/6/19 09:00 AM + 11/6/19	Non-Reporting ltr (1st):	
	STP 69132 - X	Non-Reporting ltr (2nd):	
	- FINISHED	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
26/06/19	- FIVE REPAIRS. OI RATE-5000 TP.	After call ltr to OI:	
		Documentation Check List: Handler Typist	
	- TYPE REPORT WHILE PENDING TP LOD.	Notification ltr (if non-pickup)	☐
	- ORIGINAL TP LOD IN	After call ltr to OI:	☐
		Authorisation To Act:	☒
	- REPORT DONE	Release Voucher:	☒
01/07/19	- SEEK WARRANTS APPROVAL TO LPC	Final Repair Bill:	☒
03/07/19	- LPC APPROVED WARRANTS	Car Rental Invoice:	☒
02/08/19	- SEND 1st OFFER TO TP.	Towing Invoice:	☒
	- TP ACCEPTED OFFER.	LTA / GIA :	☒
	- ALL DOCS IN ORDER	Medical Bill:	☐
	- TO CLOSE	PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: 12/06/19	Post-Repair Photos:	☐
	Sent By: BS	Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L19	\$S 21050.00 (2 days) Reduction: 17 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/8/19	Confirm with: KAGNY	Email ☒ Call ☐
Final Liability:	% 100 (Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (W/LP)	\$S 2,193.50		COI RATE-5000 TP)
Loss of Rental (LOR):	\$S 196.38 (3 days) X \$165.46		
Loss of Use (LOU):	\$S 150.00 x 3 days		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	\$S 7.49		
Medical:	\$S -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S - (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$S -		3) Survey fee: \$450.00
Total:	\$S 2,847.37	Global Sum \$S: 2,840.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 2,840.00	Name 1: COMFORT DELARO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	\$S -	Name 2: -	
Payee 3: (Strike if N.A.)	\$S -	Name 3: -	