Calculation slip works.

15/5/2010

INS. CASE OWNER: TOO CHIT YAN | CC4/AIG1901 1764 / 4663 52 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARUS DOI: 26/6/19. Date / Time : 26/6/19.

Registered in Merimen: 26/6/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SDS 7117D. Claim No. : 45116480456

Name of Insured : LHEW KIAT ROWENA Policy No. : 700453703-03

Insured Tel No. : HP: Make / Model : MAZDA

Excess Sec II :S$ D.O.A : 25/6/19. Place of Accident : TPE EMAS EXPE

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**

SDS 7117D → SJZ 8761E → SMF 7133T →

SDS 7117D	SJZ 8761E	SMF 7133T	
INSRS:	INSRS: IMPERIUM	INSRS:	INSRS:
WSP:	WSP: AUTOMOTIVE	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability : TP	Liability :	Liability :
RMKS: 01	RMKS:	RMKS:	RMKS:

Date/ Time	
	SJZ8761E-1 SDS7117D-1
	- TP VIDEO UPLOADED IN MERIMEN
09/07/19	- PHS REVIEWED. OI INVOLVED IN A 3 VEH. C.C., OI LAST DATE. SENT LETTER IN EMAIL TO OI TO NOTIFY TP CLAIM IN NCD ISSUES.
	- FINALISED
	- ORIGINAL TP LOD IN
10/07/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
24/07/19	- SUBMIT MANDATE TO AIG
30/08/19	- AIG APPROVED MANDATE
	- TP ACCEPTED OFFER.
	- PROCEED PAY IN ACA.
	- ALL DOCS IN ORDER.

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:	09/07/19 - VIC

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: 45 S$ 12,500.00 10 days) Reduction: 67 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05/09/19 Confirm with SHAWN Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100% (3 VEH. C.C. i OI AT)
Repair Cost:	S$ 12,500.00	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 540.00 $60 x 9 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S$ 50.49	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 13,090.49 **Global Sum S$:** —	

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

Payee 1:	S$ 13,090.49	Name 1:	IMPERIUM AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—

URGENT