15/5/2010

INS. CASE OWNER: CC 4 /LPC1901 1425 / ebj

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 27/6/19.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YL 8995S — Claim No. : 19/19/19/VLOU/0n1982

Name of Insured : PREMIUM LOGISTICS PTE LTD — Policy No. : 3[19/VLOU/103233

Insured Tel No. : _____ HP: _____ — Make / Model : MITSUBISHI

Excess Sec II :S$ _____ D.O.A : 25/6/19 — Place of Accident : 27 TAMPINES ST 23 CP

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

If **NO**, Driver Name / Age : SYED MAHMUD BIN SYED OMAR — OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SLS7253Z → _____ → _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : Borneo	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLS7253Z - NA/LPC1901201/24 - DOA 25/06/2019 YL8995S - NA/INC 1001958141 - DOA 01/10/2010 - NA/LPC1904201/24 - DOA 25/06/2019
	FILE REVIEW : LIABILITY UNCLEAR.
12.7.19	EMAIL WSP TO REQUEST FOR EVIDENCE.
	RECD TP VIDEO - TP WAS STATIONARY WHEN OID OVERTAKE AND HIT TP STATIONARY VEH.
16.10.19	LPL INFORM TP CONVERT OD
	CANCLE CASE AS NO SURVEY DONE.
	28/11/19.

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: S$ (days) Reduction: % Email ☐ Call ☐

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

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$	OID HIT TP STATIONARY VEH.
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 + LO ☐ [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:
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:	