

INS. CASE OWNER: **LEE HING HO**

CC3 / A16190116391 **K1 h43**

LKK:
IDAC:

ASSIGNMENT

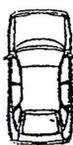
Surveyor: **RAGUL**

DOI: **09107119**

Date / Time: _____

Registered in Merimen: **117/19**

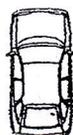
Pre-assign / CCU / FTE



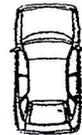
Insured Vehicle No. : **SC61 100 Y**
 Name of Insured : **Aw Ming Zhe, Alvin**
 Insured Tel No. : _____ HP: _____
 Excess Sec II :SS _____ D.O.A : **28/6/19**
 Is driver the owner? (YES / **NO**) Nature of Accident : _____
 If NO, Driver Name / Age : _____
 Driver Tel No. : _____ (V/L: **YES** / NO)

Claim No. : **845055169296**
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____
 OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO
 Insured Liability : % Final ? Yes / No

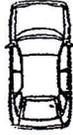
S6A2662M



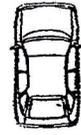
INSRS:
WSP: **PML**
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	S6A2662M	Non-Reporting ltr (1st):	
	SC6100Y	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
02/07/19	MIS ROUTED - OLD HIT PARKED TP. SEND LETTER TO OI TO NOTIFY TP CLAIM & NCD ISSUES -	After call ltr to OI:	03/07/19 - JIMMY
	FINAL LIABILITY CLERK	Documentation Check List:	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
			<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm with: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: **P.1P** S\$ **3,816.55** (**3** days) Reduction: **21** % Email Call

FINAL SETTLEMENT Date/Time: **13/08/19** Confirm with: **CAROLINE** Email Call
 Final Liability: % **100** (Assessed / Assessed) BOLA S/N No. : **22** If NO or B 28, Ass. Lia : **(OLD HIT PARKED TP)**

Repair Cost: **(w/LOD)** S\$ **4,085.71**
 Loss of Rental (LOR): S\$ - (days)
 Loss of Use (LOU): S\$ **300.00** (\$ **100** 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\$ **2.00**
 Medical: S\$ -
 Disbursement: S\$ - (e.g. Tow/ Independent)
 Legal Cost S\$ -
 Total: S\$ **4,385.71** Global Sum S\$: -
 1) Claim status: **Normal** / Reject / Private Settle
 2) Report Format:
 3) Survey fee: **\$320.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payee 1: S\$ **4,085.71** Name 1: **PERFORMANCE MOTORS LTD**
 Payee 2: (Strike if N.A.) S\$ **300.00** Name 2: **CHOO WAY JANG**
 Payee 3: (Strike if N.A.) S\$ - Name 3: -