			LKK:
INS. CASE OWNER:	IRENE	CC 6/CTI1901 8262, Khb3Gv	IDAC:

ASSIGNMENT

Surveyor:	Kenneth	DOI: 10/10/19	Date / Time: 15/10/19
			Registered in Merimen:

Pre-assign / CCU / FTE
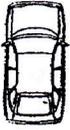
Insured Vehicle No. :	SMD 8063R	Claim No. :	SNM19D20A902-SMD8063R-THP
Name of Insured :	NG WEI SIANG VWWAY	Policy No. :	DMPLSN206VP72900
Insured Tel No. :	HP:	Make / Model :	VOLKSWAGEN
Excess Sec II :S$	D.O.A : 12/10/19	Place of Accident :	Ayt
Is driver the owner? (YES / NO)	Nature of Accident :		

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**
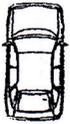
NA	→ SMD 8063R →	SMN 8120G →	SMJ 8466R
INSRS:	INSRS:	INSRS: WEI	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel : LEE	Tel :
Liability :	Liability : 01	Liability : TP	Liability :
RMKS:	RMKS: 01	RMKS: TP	RMKS:

Date/ Time		STAGE	DATE / PIC
	SMN 8120G – X SMD 8063R – X		
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
31/10/19	FILE REVIEWED. OI WAS INVOLVED IN	Call OI:	
	A 6 VEH. C.C. & WAS THE 3RD CAR.	After call ltr to OI: 31/10/19 - VIC	
	& WAS PUSHED FORWARD FROM BEHIND.	**Documentation Check List:** Handler Typist	
	SEND LETTER TO OI TO NOTIFY TP CLAIM	Notification ltr (if non-pickup)	
	& NCD ISSUES.	After call ltr to OI:	☑
	FINALIZED	Authorisation To Act:	☑
	TP LOD IN BY EMAIL	Release Voucher:	☑
		Final Repair Bill:	☑
14/02/2020	TYPE REPORT FOR MANDATE APPROVAL	Car Rental Invoice:	
	REPORT DONE	Towing Invoice:	
24/02/2020	SEEK MANDATE APPROVAL TO OTI	LTA / GIA :	☑
	OTI APPROVED MANDATE	Medical Bill:	
	SEND 1st OFFER TO TP	PIR:	
25/02/2020	TP ACCEPTED OFFER	Mandate/Reject Instruction:	☑
	ALL DOCS IN ORDER	LOD:	☑
		Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time: 16/10/19	Sent By: b3	Post-Repair Photos:	
		Others:	

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: WL	S$ 8,200.00 (7 days) Reduction: 39 %	Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25/02/2020 Confirm with KAREN   Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: (CW)(GST)	S$ 8,774.00	(CG VEH. C.C., 01 3RD)
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 420.00 ($ 60 x 7 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S$ 7.45	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $400.00
Total:	S$ 9,201.45 Global Sum S$: —	

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

Payee 1:	S$ 9,201.45	Name 1: WEI LEE MOTOR WORKS
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —