

INS. CASE OWNER:

CC4/LPC19019083/Uha3

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

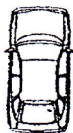
ASSIGNMENT
29.10.2019

Date / Time:

29.10.2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 440D

Name of Insured :

JAE AUTO P/L

Insured Tel No. :

HP:

Excess Sec II : \$

D.O.A : 22/10/2019

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Lee Choon (cyee)

Driver Tel No. :

(V/L: YES / NO)

Claim No. : 19/19/19/VC05/022560

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

GBE 7442L



INSRS:

WSP: LIU'S BROTHER

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBB 440D - X

GBE 7442L - X

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:

09/11/19

FILE REVIEWED. OLD REPAIRS & HIT
CONTINUITY TP.- MINAURED
- ORIGINAL TP LOD IN

13/11/19

- SEND PR TO LPC. TYPE REPORT FOR
MANDATE APPROVAL

02/12/19

- REPORT DONE

06/12/19

- SEND MANDATE APPROVAL TO LPC

- LPC APPROVED MANDATE.

- SEND ACCEPTANCE GUAL TO TP.

- ALL WORK IN ORDER.

- TO CLOSE.

PRELIMINARY ADVICE Date/Time: 13/11/19

Sent By: UIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L6

S\$ 1,800.00

(3 days)

Reduction:

50 %

Email

Call

FINAL SETTLEMENT

Date/Time:

29/10/19

Confirm with:

SUSAN

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 1,800.00

OLD REPAIRS & HIT TP

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

100.00

(\$ 80 x 5 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐ LOU only ☒

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

S\$

2.00

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\$

2,202.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,202.00

Name 1:

LIU'S BROTHER AUTO ENGINEERING WORKSHOP

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-