15/5/2010

INS. CASE OWNER: | CC4/LPC19019083/Uha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 29.10.2019 Date / Time: 29.10.2019

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBB 440D		Claim No. :	19/19/19/VC05/022560
Name of Insured : JAE AUTO P/L		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 22/10/2019	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age : Lee Choon Kiee		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

GBE 7442L → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: LIU'S BROTHER	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GBB 440D - X GBE 7442L - X
09/11/19	- FILE REVIEWED. OI REVERSED & HIT STATIONARY TP.
	- MANDATE
	- ORIGINAL TP LOD IN
13/11/19	- SEND PA TO LPC. TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
02/12/19	- SEEK MANDATE APPROVAL TO LPC
06/12/19	- LPC APPROVED MANDATE.
	- SEND ACCEPTANCE EMAIL TO TP.
	- ALL DOCS IN ORDER.
	- TO CLOSE.

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: 13/11/19 Sent By: VIC

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/G	S$ 1,800.00 (3 days)	Reduction: 50 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/01/20	Confirm with SUSAN	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : OI REVERSED & HIT TP)
Repair Cost:	S$ 1,800.00		
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ 400.00	($ 80 x 5 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$ —		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: —	