

INS. CASE OWNER: **NORSIAH**

CC4/AIG19019468/Eda3

LKK:
IDAC:**ASSIGNMENT**Surveyor: **STEVE**DOI: **04/11/2019**Date / Time: **04.11.19**Registered in Merimen: **04.11.19**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SGV 1338X**
 Name of Insured : **PAUL JOSEPH HAAKENSEN**
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : **28.10.2019**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : **2100309607**
 Make / Model : **TOYOTA RUSH-1.5 (A)**
 Place of Accident : **1 ROSEWOOD DRIVE S(737934)**

If NO, Driver Name / Age : **JANG TZUNG-MEI**Driver Tel No. : **+65-90682804** (V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No****SLE 7638X**

INSRS:
WSP: **LCRF PTE LTD**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLE 7638X - CC3/LCR17006651/H1yg3q2; DOA:1.4.17	Non-Reporting ltr (1st):	
	SGV 1338X - CS/LIP10021712/Kvs2; DOA: 11.6.10	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ 2,250.00 (4 days) Reduction: 48 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/04/2020	Confirm with: Siak Tong Sim	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S\$ 2,407.50		
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 300.00 (\$ 60 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/ Report/Dispute/Strike
Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$320
Total:	S\$2,709.50	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 2,709.50	Name 1: Lion City Rentals Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	