

INS. CASE OWNER:

CC4/LPC19020074/Kha302

LKK:

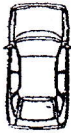
IDAC:

ASSIGNMENT

Surveyor: KENNETHDOI: 18/11/2019Date / Time : 12.11.2019

Registered in Merimen: _____

Pre-assign / CCU / FTE

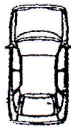
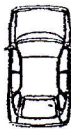
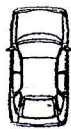
Insured Vehicle No. : GBG 8730MClaim No. : 19/19/19/VC05/022619Name of Insured : ACE INTEGRATED PTE LTDPolicy No. : Z19VC05002418

Insured Tel No. : _____ HP: _____

Make / Model : NISSAN CABSTARExcess Sec II : \$ _____ D.O.A : 09/11/2019 09:40Place of Accident : CTE > ORCHARD ROADIs driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : TAN POH LEEOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : 90043341 (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SLV 7552U

INSRS:
WSP: TROPICAL
Tel: SUCCESS
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	SLV 7552U - X	GBG8730M - 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:	☐
20/11/19	FILE REVIEWED. OLD RATE-ENDED TP.			
	EMAIL LIABILITY CLEAR			
	FINISHED			
	ORIGINAL TP LOD IN			
18/02/2020	SEND PA TO LPC			
	TYPE REPORT FOR MANDATE APPROVAL			
	REPORT DONE			
05/03/2020	BOOK MANDATE APPROVAL TO LPC			
13/03/2020	LPC APPROVED MANDATE			
14/03/2020	SEND SET OFFER TO TP			
27/03/2020	RECEIVED ORIG. DV. TP ACCEPTED OFFER.			
	ALL DONE IN ORDER.			
	TO CLOSE			
PRELIMINARY ADVICE Date/Time: <u>18/04/2020</u> Sent By: <u>JIC</u>				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost:	<u>P/P</u>	<u>\$2,300.56</u>	(<u>4</u> days) Reduction: <u>72</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>20/03/20</u>	Confirm with: <u>MR SIM</u>	Email ☒ Call ☐	
Final Liability:	%	<u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia : <u>COLD RATE-ENDED TP</u>	
Repair Cost: (w/ GST)	<u>\$2,300.56</u>			
Loss of Rental (LOR):	<u>\$400.00</u>	(<u>4</u> days) X <u>\$100.00</u>		
Loss of Use (LOU):	<u>\$ -</u>	(\$ x days)		
Loss of Income (LOI):	<u>\$ -</u>	(\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	<u>\$7.19</u>			
Medical:	<u>\$ -</u>		1) Claim status: <u>Normal/Reject/Private Settle</u>	
Disbursement:	<u>\$ -</u>	(e.g. Tow/ Independent)	2) Report Format: <u>4</u>	
Legal Cost	<u>\$ -</u>		3) Survey fee: <u>\$400.00</u>	
Total:	<u>\$2,708.05</u>	Global Sum \$S: <u>2,700.00</u>		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐	
Payee 1:	<u>\$2,700.00</u>	Name 1: <u>TROPICAL TECH AUTOMOBILE SERVICES</u>		
Payee 2: (Strike if N.A.)	<u>\$ -</u>	Name 2: <u>-</u>		
Payee 3: (Strike if N.A.)	<u>\$ -</u>	Name 3: <u>-</u>		