

INS. CASH OWNER:

CC 4/AIG190 77450, ~~1000~~

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

20/12/19

Date / Time:

18/12/19

Registered in Merimen:

28/12/19

Pre-assign / CCU / FTR



Insured Vehicle No.:

SKH 6879C

Claim No.:

4513799483SG

Name of Insured:

LHO GUNW LTD.

Policy No.:

21002202506

Insured Tel No.:

HP:

Make / Model:

W501E0ES.

Excess Sec II :S\$

D.O.A.:

15/12/19

Place of Accident:

Times Drive B15 Dr 3.

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

SLR 18210



INSRS:

WSP:

Tel:

Liability:

RMKS:

UTM
TAN

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
30/01/2020	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI: 30/01/2020 - JIC	
11/6/2020	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: ☐ ☐ Mandat/Reject Instruction: ☒ ☐ LOD: ☒ ☐ Payment Breakdown Form: ☐ ☐ Post-Repair Photos: ☐ ☐ Others: ☐ ☐	
20/08/2020	Final Liability: ☐ LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one] GIA/LTA Search: ☐ ☐ Medical: ☐ ☐ Disbursement: ☐ ☐ Legal Cost: ☐ ☐ Total: S\$ 5,789.49 Global Sum S\$: 5,750.00	
PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: P/P S\$ 4,899.10 (6 days) Reduction: 31 % Email ☒ Call ☐		
FINAL SETTLEMENT Date/Time: 19/08/2020 Confirm with: HANOV LIM Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27 If NO or B 28, Ass. Lia: COI RENE-ENDED TP)		
Repair Cost: S\$ 5,242.04		
Loss of Rental (LOR): S\$ - (days)		
Loss of Use (LOU): S\$ 540.00 (\$ 90 x 6 days)		
Loss of Income (LOI): S\$ - (\$ x days)		
1) Claim status: Normal/Reject/Private Settle		
2) Report Format: TP		
3) Survey fee: \$ 320.00		
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1: S\$ 5,750.00 Name 1: LIM TAN MOTOR PTE LTD		
Payee 2: (Strike if N.A.) S\$ - Name 2: -		
Payee 3: (Strike if N.A.) S\$ - Name 3: -		