15/5/2010

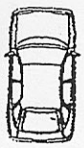
INS. CASE OWNER: | CC 4 / AIG 2000 0259 / A Ks3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 14/01/2020 Date / Time : 3/1/2020

Registered in Merimen: 6/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJB 5072E Claim No. :

Name of Insured : Koyangi Lance Policy No. :

Insured Tel No. : HP: Make / Model :

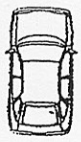
Excess Sec II :S$ D.O.A : 2/1/2020 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

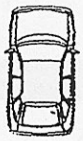
If **NO**, Driver Name / Age : OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : (V/L: (YES) / NO) Insured Liability : % **Final ? Yes / No**

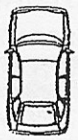
SMM 5359K → → →



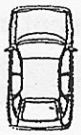
INSRS:
WSP: Vision Auto work
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMM 5359K : X ; SJB 5072E : X
10/02/20 3.38pm	- called & no response.
10/2/20. 3.55pm	called back. Informed TP claim & aware NCD claim. OI rear-ended TP. letter sent.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	7/10/2 JL
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:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: Lump Sum S$ 28W-00 (4 days) Reduction: 70 % Email ☑ Call ☐

FINAL SETTLEMENT Date/Time: 28/12/2020 Confirm with Michelle. Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: W/GM	S$ 2996.00	COI REAR-ENDED TP)
Loss of Rental (LOR):	S$ 400.00 (4 days) X $100	
Loss of Use (LOU):	S$ – ($ x days)	
Loss of Income (LOI):	S$ – ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 7.45	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format: GP
Legal Cost	S$ –	3) Survey fee: $320.00
Total:	S$ 3403.45 **Global Sum S$:** 34W-00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 34W-00	Name 1	Vision Autowork Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	