15/5/2010

INS. CASE OWNER:

CC6/CTI20000915/Uda3n2

LKK:

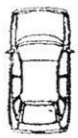
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 15/01/2020 Date / Time: 15/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 25P

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. :

Claim No. :

Policy No. :

Make / Model :

D.O.A : 01/01/2020 09:25

Place of Accident : IPOH LANE BLK 31

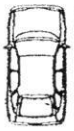
Nature of Accident :

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

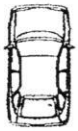
(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

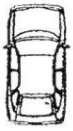
SLC 4489P → → →



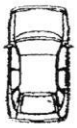
INSRS:
WSP: LEE BRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLC 4489P - X GBC 25P - X
06/02 2:30 pm	called OI company. OLD reversed and not TP. informed TP claim and aware NCD affected. letter sent
08-4-20	TO GIVE TP FINAL OFFER OF 50% TO SETTLE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	> 06/02 JC
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: S$ 4800.00 (2 days) Reduction: 52 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/6/2020 Confirm with Sebastian Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

Repair Cost: (w/GST) S$ 5136.00

Loss of Rental (LOR): S$ 420.00 (3 days) x $140

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$ 36.45

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

Total: S$ 5592.45 **Global Sum S$:**

If NO or B 28, Ass. Lia : COID REVERSED)

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: $400

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

Payee 1:	S$ 5592.45	Name 1:	Lee Brothers Automotive Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	