

INS. CASE OWNER:

CC 4 / PWD 2000 2545 / Ups3

LKK:

IDAC:

Surveyor:

Marcus

DOI:

ASSIGNMENT

13/2/2020

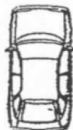
Date / Time:

13/2/2020

Registered in Merimen:

13/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH 2515Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 8/2/2020

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

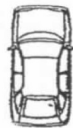
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SJK 6175M



INSRS:

WSP: T K Lee Automotive

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
11/04/2020	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: L/sum	S\$ 7,200.00 (12 days) Reduction: 35 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 11/04/2020 Confirm with Sebastian Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 7,200.00	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 720.00 (\$ 60 x 12 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\$ 50.00 (e.g. ☐ / Independent)	1) Claim status: Normal/Reject/Private Settlement
Legal Cost	S\$	2) Report Format: TP
Total:	S\$ 8,006.45 Global Sum S\$ 7,900.00	3) Survey fee: \$500.00
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 7,900.00 Name 1: T K LEE AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	