15/5/2010

INS. CASE OWNER: CC4/LPC20004396/ da3

LKK:

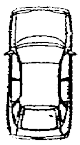
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 23-3-2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 1436K

Name of Insured : POH BEE GEOK

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 23/03/2020 00:05

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : TAN KIM HUI

Driver Tel No. : +65-83889880 (V/L: YES / NO)

Claim No. : 20/20/20/VP05/023232

Policy No. : Z20VP05025764

Make / Model : TOYOTA VIOS

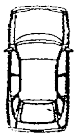
Place of Accident : JUNCTION OF BEDOK RESERVOIR & EUNOS LINK

Nature of Accident : _____

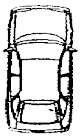
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

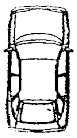
SDZ 1518H → _____ → _____ → _____



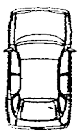
INSRS:
WSP: WEARNES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJV 1436K - NA/AIG17018588/r3 ; 27.9.17	**STAGE** **DATE / PIC**
	SDZ1518H - X	Non-Reporting ltr (1st):
	OINR.	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:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ 2,902.94 (3 days) Reduction: 39 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30/07/2020 Confirm with Christine		Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 3,106.15		
Loss of Rental (LOR):	S$ 417.30 (3 days) x $130 (w/GST)		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ✓ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ -		
Medical:	S$ -		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $400
Total:	**S$ 3,523.45**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,523.45	Name 1:	Wearnes Automotive Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	