15/5/2010

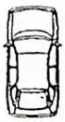
INS. CASE OWNER: JOSEY LOH | CC4/FWD20006347/Kga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 09.06.2020 Date / Time : 05.06.2020

Registered in Merimen: 05.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDL 6883T Claim No. : 1202000017968

Name of Insured : FLORENCE LOW FEI LIN Policy No. : PNPV2019-00015530

Insured Tel No. : HP: Make / Model : MERCEDES-BENZ GLC250 4MATIC

Excess Sec II :S$ D.O.A : 22/05/2020 15:10 Place of Accident : ALONG LOR LIPUT (DEAD END)

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**

SKL 1212E → → →

INSRS:
WSP: S & H MOTOR
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKL 1212E - X SDL 6883T - NA/INC15009029/d2 ; 06.05.2015	**STAGE** **DATE / PIC** Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:
	Reject Case By (staff) : Approved by : Yw Date : 06/10/20	**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 ☐ ☐
26/09/2020	OI SUCCESSFULLY RECOVER 100% FROM TP. MR YEW TO CHOP & SIGN. REJECTION EMAIL TP.	LTA / GIA : ☐ ☐ Medical Bill: ☐ ☐ PIR: ☐ ☐
06/10/2020	MR YEW TO CHOP & SIGN - REJECT CASE	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/S	S$ 5900.00	(4 days) Reduction: 3353.60	% 36 Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
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: REJECT
Legal Cost	S$		3) Survey fee: 250.00
Total:	S$	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	