

## Re-opened Case

## ASSIGNMENT

Surveyor:

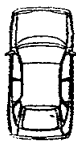
Kenneth

DOI: 07/08/2018

Date / Time : 26/07/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA 9933B

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 23/07/2018

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. :

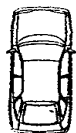
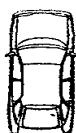
(V/L: YES / NO )

Insured Liability :

%

Final ? Yes / No

SLE 6877D

INSRS:  
WSP:  
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): |   |
| 29/05/2020   | Pls refer to Views for details.              | Call OI:                          |   |
|  |  | After call ltr to OI:             |   |
|  |  | <b>Documentation Check List:</b>  | <b>Handler</b> <b>Typist</b>  |
|  |  | Notification ltr (if non-pickup)  | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | After call ltr to OI:             | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | Authorisation To Act:             | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | Release Voucher:                  | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | Final Repair Bill:                | <input type="checkbox"/> <input type="checkbox"/>                       |
| 31/08/2020   | Pls refer to VIEWS for details.              | Car Rental Invoice:               | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | Towing Invoice                    | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | LTA / GIA :                       | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | Medical Bill:                     | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | PIR:                              | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | Mandate/Reject Instruction:       | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | LOD                               | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | Payment Breakdown Form:           | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | Post-Repair Photos:               | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |  | Others:                           | <input type="checkbox"/> <input type="checkbox"/>                       |
| <b>PRELIMINARY ADVICE</b>  | Date/Time:                                   | Sent By:                          |   |
| <b>FINALIZATION</b>  | Date/Time:                                   | Confirm with:                     | Confirm by:   |
| Repair Cost: P/P   | S\$ 4,609.50 ( 4 days) Reduction: 18 %       |                                   | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>  | Date/Time: 31/08/2020                        | Confirm with: Margaret            | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:   | % 100 (Agreed / Assessed) BOLA S/N No. : NIL |                                   | If NO or B 28, Ass. Lia :   |
| Repair Cost: w/GST   | S\$ 4,932.17                                 |                                   |   |
| Loss of Rental (LOR):  | S\$ 700.00 ( 7 days) x \$100                 |                                   |   |
| Loss of Use (LOU):   | S\$ (\$ x days)                              |                                   |   |
| Loss of Income (LOI):  | S\$ (\$ x days)                              |                                   |   |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |  |                                   |   |
| GIA/LTA Search   | S\$ 2.00                                     |                                   |   |
| Medical:   | S\$  |                                   | 1) Claim status: Normal/Reject/Private Settlement WP                    |
| Disbursement:  | S\$ (e.g. Tow/ Independent )                 |                                   | 2) Report Format: TP  |
| Legal Cost   | S\$  |                                   | 3) Survey fee: \$250.00   |
| <b>Total:</b>  | S\$ 5,634.17                                 | <b>Global Sum S\$:</b>            | \$350.00 - \$250.00 = \$100.00  |
| <b>FINAL PAYMENT</b>   | Date/Time:                                   | Confirm with:                     | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:   | S\$ 5,634.17                                 | Name 1:                           | K Kim Hin Auto Pte Ltd  |
| Payee 2: (Strike if N.A.)  | S\$  | Name 2:                           |   |
| Payee 3: (Strike if N.A.)  | S\$  | Name 3:                           |   |