15/5/2010

CC4/LPC20008295/R1ea3q2

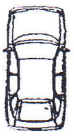
INS. CASE OWNER: GERALD POH | ~~CC4/LPC20008295/R1ba3~~ | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 12/08/2020 Date / Time : 12/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 3588R Claim No. : 20/20/20/VC06/023475

Name of Insured : Policy No. : Z/20/VC06/106259

Insured Tel No. : HP: Make / Model :

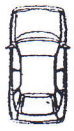
Excess Sec II :S$ D.O.A : 16/07/2020 15:30 Place of Accident : 1 BUROH CRESCENT 6M COGENT ~~1 LOGISTICS HUB~~

Is driver the owner? (YES / NO) Nature of Accident :

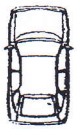
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

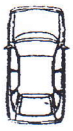
XE 2971Z → → →



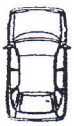
INSRS:
WSP: ASM AUTOMOTIVE SERVICES PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	XE 2971Z- X XE 3588R - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
24.11.21	APPROVAL FROM LPC TO REJECT TP CLAIM	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:		

Reject Case
By (staff) : Asher
Approved by : [illegible]
Date : 25/11/21

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: MRB

Repair Cost: L/S S$ 9,650.00 (7 days) Reduction: 56 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(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: TP
Legal Cost	S$		3) Survey fee: ~~$350~~ $450
Total:	**S$**	**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:	