15/5/2010

INS. CASE OWNER: CC4 /LPC 2000 9818 / Ags3

LKK:

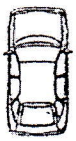
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 15/09/2020 Date / Time : 14/09/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 3634K

Name of Insured : VIRESCO SINGAPORE PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 13/09/2020

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

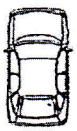
Nature of Accident :

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

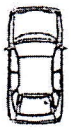
Insured Liability : % **Final ? Yes / No**

EZ 3113S → → →

INSRS:
WSP: TWINCAR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	EZ 3113S : GBH 3634K : ~~NA/LPC20009808/z4 ; DOA : 13/09/2020~~
	Reject Case By (staff) : Alicia Approved by : Yew Date : 22/01/21
22/01/2021	rejection email send TP on 13/11/2020. - BASED ON OI RPT. OIV STATIONARY, TP HIT ONTO OI STATIONARY VEHICLE. ~~TP GOT NO CONCRETE EVIDENCE TO SUPPORT THEIR CLAIM.~~ MR YEW TO CHOP + SIGN

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:	

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: Email ☐ Call ☐
Repair Cost: L/S	S$ 8800.00	(6 days) Reduction: $14,413.50 % 62	
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
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: ~~$950.00~~ $400.00
Total:	S$	**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:	