15/5/2010

INS. CASE OWNER: CC4/AIG21000738/Kbs3

LKK:

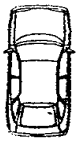
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 18/01/2021 Date / Time : 15/01/2021

Registered in Merimen: 15/01/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMM 4804Z Claim No. :

Name of Insured : SIVANESH S/O THAVARAJAN Policy No. :

Insured Tel No. : HP: Make / Model :

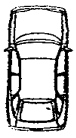
Excess Sec II :S$ D.O.A : 12/01/2021 Place of Accident :

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

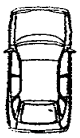
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

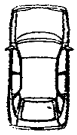
GBB 9718U → → →



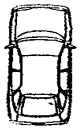
INSRS:
WSP: LH EXPRESS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBB 9718U : X ; SMM 4804Z : X	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	☐ / ☐
24/03/2021	SETTLED AND CLOSED / NO PHY FILE	LTA / GIA :	✓ / ☐
		Medical Bill:	☐ / ☐
		PIR:	☐ / ☐
		Mandate/Reject Instruction:	✓ / ☐
		LOD	✓ / ☐
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ / ☐
		Others:	☐ / ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 3,700.00 (7 days)	Reduction: 52.61 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/03/2021	Confirm with LH	Email ✓ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 11(c)	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,700.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 420.00 ($ 60 x 7 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ✓	LOR + LOU ☐	LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.45		
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: $320.00
Total:	**S$** 4,127.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Cal ☐
Payee 1:	S$ 4,127.45	Name 1:	LH EXPRESS MOTOR TRADING	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		