15/5/2010

INS. CASE OWNER: ~~CC4/LPC21011359/Gis3~~

LKK:

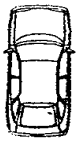
IDAC:

ASSIGNMENT CC4/LPC21011359/Gpa3q2

Surveyor: XGQ DOI: 09/11/2021 Date / Time : 08/11/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 8668R Claim No. : 21/21/21/VC00/025102

Name of Insured : KWANG HWEE HO TRADING Policy No. : Z/21/VC00/111820

Insured Tel No. : HP: Make / Model :

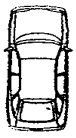
Excess Sec II :S$ D.O.A : 28/10/2021 Place of Accident :

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

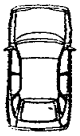
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

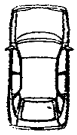
SBS 6437K → → →



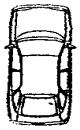
INSRS:
WSP: LEXBUILD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SBS 6437K : X
	YP 8668R : CS/LPC21007087/Aqf3e2 ; DOA : 24/06/2021
	- Please check / verify OID DL
	*LPC handle the matter directly.
	*Submit WP report to LPC

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:
Repair Cost: P/P	S$ 1,892.21	(1 days)	Reduction: 15 %	Email Call
FINAL SETTLEMENT	Date/Time:		Confirm with	Email Cal
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 + LO			[**Tick only one**]	
GIA/LTA Search	S$			
Medical:	S$			1) Claim status: ~~Normal/Reject/Private Settle~~ /WP
Disbursement:	S$		(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$			3) Survey fee: $250.00
Total:	**S$**		**Global Sum S$:**	
FINAL PAYMENT	Date/Time:		Confirm with:	Email Cal
Payee 1:	S$	Name 1:		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		