

INS. CASE OWNER: Bennie

CC 3 / AIG170 22357 / K11a2

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

22/11/17

Date / Time:

22/11/17

Registered in Merimen:

23/11/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SKL 5447TClaim No. : 716420874156Name of Insured : KWAN MILDRED ELEANORPolicy No. : 2100460201

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS _____ D.O.A : 21/11/17

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

SHA 2416 XINSRS:
WSP: CDGE (Loyang)
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):	
	Call OI: <u>4/11/17 > SH Huan</u>	
	After call ltr to OI: <u>4/11/17 - JLC</u>	
	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: _____	
	<u>TP Accepted Offer. All done in Orbits.</u>	
FINALIZATION	Date/Time: _____ Confirm with: _____	
Repair Cost: <u>PIP</u>	SS <u>1,174.90</u> (2 days) Reduction: <u>50</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>19/04/18</u> Confirm with: <u>COCA</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia : <u>COLD REPAIR-ENDED TP</u>
Repair Cost: <u>CW/GST</u>	SS <u>1,257.14</u>	
Loss of Rental (LOR):	SS <u>188.10</u> (1.5 days) X <u>125.40</u>	
Loss of Use (LOU):	SS <u>75.00</u> (\$ <u>50</u> x 1.5 days)	
Loss of Income (LOI):	SS <u>—</u> (\$ <u>—</u> x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search	SS <u>5.35</u>	
Medical:	SS <u>—</u>	1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement:	SS <u>—</u> (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	SS <u>—</u>	3) Survey fee: <u>4320.00</u>
Total:	SS <u>1,525.59</u> Global Sum SS: <u>1,520.00</u>	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Payee 1:	SS <u>1,520.00</u> Name 1: <u>COMFORT BELGRO ENGINEERING PTE LTD</u>	
Payee 2: (Strike if N.A.)	SS <u>—</u> Name 2: <u>—</u>	
Payee 3: (Strike if N.A.)	SS <u>—</u> Name 3: <u>—</u>	