

INS. CASE OWNER: Ming Yao | CC 3 / AIG17022424 / 1 kha3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KALVIN | DOI: 23/11/17 | Date / Time: 23/11/17
 Registered in Merimen: 24/11/17

Pre-assign / CCU / FTE

	Insured Vehicle No. : <u>SLB 3805Y</u>	Claim No. : <u>85655247585G</u>
	Name of Insured : <u>HUI DUNG LOUNG</u>	Policy No. : _____
	Insured Tel No. : _____ HP: _____	Make / Model : <u>NISSAN QASHQAI - 1.2 (A)</u>
	Excess Sec II :SS _____ D.O.A: <u>22/11/17</u>	Place of Accident : <u>701A YISHUN AVE S</u>
	Is driver the owner? (YES / NO)	Nature of Accident : _____
	If NO, Driver Name / Age: <u>TAY LI LI</u>	OI GIA REPORT: <u>YES</u> / NO ; TP GIA REPORT: <u>YES</u> / NO
	Driver Tel No. : _____ (V/L: YES / NO)	Insured Liability : _____ % Final ? Yes / No

SHB 4226J →

	INSRS: WSP: <u>COGE (Loyang)</u>		INSRS: WSP: _____		INSRS: WSP: _____		INSRS: WSP: _____
	Tel: _____		Tel: _____		Tel: _____		Tel: _____
	Liability: _____		Liability: _____		Liability: _____		Liability: _____
	RMKS: _____		RMKS: _____		RMKS: _____		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:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI: <u>(MUMU)</u>	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

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

Repair Cost: PIP S\$ 1,670.24 (2 days) Reduction: 54 % Email Call

FINAL SETTLEMENT Date/Time: 20/11/17 Confirm with: COCKNA Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 24 If NO or B 28, Ass. Lia : _____

Repair Cost: (W/CAT) S\$ 1,787.16 COLO MOVING OUT FROM C/P LOT

Loss of Rental (LOR): S\$ 312.50 (2.5 days) x \$125.00

Loss of Use (LOU): S\$ 125.00 (\$ 50 x 2.5 days)

Loss of Income (LOI): S\$ - (\$ _____ x _____ days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ 5.35

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 2,230.01 Global Sum S\$: -

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 2,230.00 Name 1: COMFORTABLEGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) S\$ - Name 2: -

Payee 3: (Strike if N.A.) S\$ - Name 3: -