13/5/2010

INS. CASE OWNER: Bernard | CC 6 / AIG 170 22431, Uka34 | LKK: IDAC:

## ASSIGNMENT

Surveyor: MARCUS DOI: 24/11/17 Date / Time: 24/11/17

Registered in Merimen: 24/11/17

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SKX 2553B

Name of Insured : LIM SOON SENG

Insured Tel No. : HP:

**Excess Sec II :S$** D.O.A : 24/11/17

Is driver the owner? ( YES / NO )

If **NO**, Driver Name / Age : (LIM YIJIE CLIN YIJIE)

Driver Tel No. : 90068142/6249 (V/L: YES / NO)

Claim No. : 2916637343SG

Policy No. : 2100441572

Make / Model : MERAN NOTE

Place of Accident : 109 MENAH RD O/P LOT

Nature of Accident :

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

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

SLQ 54727Z → → →

INSRS:
WSP: ~~Fortech~~
Tel :
Liability :
RMKS:

Kim Chwee

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| 24/11 | SLQ54727Z - X ; SKX2553B - X |
| 28/11/2017 4.28pm | Spoke to OID (Mr Lim) confirmed accident details and OID moving from parking lot OI will send any additional photos via email. Informed any TP claim, aware of NCD issues and agree to settle. Send letter to OI. |
| 1/12/2017 | File pass to Marcus to finalize. |
| 2/12/2017 | File pass to Melissa to close. |

| STAGE | DATE / PIC |
|---|---|
| Non-Reporting ltr (1st): | |
| Non-Reporting ltr (2nd): | |
| Non-Reporting ltr (Final): | |
| Notification ltr (if non-pickup): | |
| Call OI: | 28/11/2017 |
| 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: S$ ( days) Reduction: % Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: 2/12/2017 Confirm with Jason Email ☑ Call ☐

| | | |
|---|---|---|
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No.: 24 | If NO or B 28, Ass. Lia : |
| Repair Cost: (WILIST) | S$ 6,420.00 | OID moving from parking lot. |
| Loss of Rental (LOR): | S$ 500.00 ( 05 days) x $100.00 | |
| Loss of Use (LOU): | S$ – ($ x days) | |
| Loss of Income (LOI): | S$ – ($ x days) | |
| LOR only ☑ LOU only ☐ | LOR + LOU ☐ LOR + LOI ☐ [Tick only one] | |
| GIA/LTA Search | S$ 2.00 | |
| 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 + $20.00 |
| **Total:** | S$ 6,922.00 **Global Sum S$:** – | |

COPYMENT 28/11/17

**FINAL PAYMENT** Date/Time: 2/12/2017 Confirm with: Jason Email ☑ Call ☐

| | | | |
|---|---|---|---|
| Payee 1: | S$ 6,922.00 | Name 1: | Kim Chwee Auto Pte Ltd |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |