15/5/2010

INS. CASE OWNER: CC 6 /AIG1702 2805 / Ahb3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Adnan DOI: 29/11/17 Date / Time : 29/11/17

Registered in Merimen: 30/11/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SLF 2221R

Name of Insured : MELISSA LYNN ROTEL

Insured Tel No. : HP: 90205347

Excess Sec II :S$ D.O.A : 25/11/17

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

If **NO**, Driver Name / Age :

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

Claim No. : 1540955949784

Policy No. : 700449159

Make / Model : M ERLEOS

Place of Accident : SLOTTS RD

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

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

SLM 9907P →

INSRS: ALL ANTO
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
4/12/17 VLC	SLM 9907P - X SLF 2221R - X
07/12/17 @ 11:04AM	UPDATE TO OI. SMS CONFIRMED ACCIDENT DETAILS W/ REAR-ENDED TP. INFORMED TP CLAIM, AGREED TO OFFICE W/ AUTHOR NCD ISSUED.
	- EMAIL LIABILITY CLEAR
	- FINALISED.
08/01/18	- ORIGINAL TP LOD IN
09/01/18	- SENT 1ST OFFER TO TP.
	- TP ACCEPTED OFFER.
	- ALL DOCS IN ORDER.
	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	07/12/17 - VLC
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: Email ☐ Call ☐

Repair Cost: 45 S$ 2,650.00 (3 days) Reduction: 70 %

FINAL SETTLEMENT Date/Time: 09/01/18 Confirm with SUHAIMI Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia : CO1 REAR-ENDED TP)

Repair Cost: S$ 2,650.00

Loss of Rental (LOR): S$ 200.00 (2 days) x $100

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$ 5.35

Medical: S$ —

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

Legal Cost S$ —

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $320.00

Total: S$ 2,855.35 **Global Sum S$:** —

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

Payee 1:	S$ 2,855.35	Name 1:	ACE AUTO SOLUTION
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—