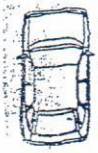
1/5/2010

INS. CASE OWNER: Sherin | CC 4/III1702307 / Uha3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MARCUS | DOI: 08/12/17 | Date / Time: 05/12/17 | Registered in Merimen: 05/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3672R | Claim No. : MCT 17110063

Name of Insured : CTPL | Policy No. : MCOH0015

Insured Tel No. : | HP: | Make / Model : HYUNDAI I40

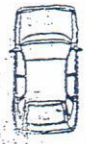
Excess Sec II :S$ | D.O.A : 03/11/17 | Place of Accident : UPP CHANGI ROAD E TWDS LOYANG

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

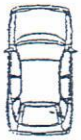
If NO, Driver Name / Age : LEE SEEK HAN | CI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

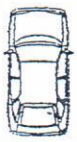
PA 3630S → → →



INSRS:
WSP: ABWIN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	PA 3630S - X SHA 3672R) - CS3/III1200518S/KfdI DOA: 11/03/17 - CS3/III1401066I/Sbk3 DOA: 03/06/17 - CS3/III1401066I/Stbu21 DOA: 03/06/17
08/12/17 (VIC)	- FILE REVIEWED. OID CHANGED CANE. OID TO AMEND TP VEH. #.
	- CHECK CAPACITY MANDATE
	- MANDATED
12/12/17	- IL APPROVED MANDATE (CAPACITY)
19/12/17	- EMAIL CAPACITY CLEAR.
	- TP LOD IN BY EMAIL
27/02/18	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE.
	RECEIVED 27 MAR 2018
02/04/18	- CHECK MANDATE BY WORKMEN
	- IL APPROVED MANDATE.
16/04/18	- SEND 1ST OFFER TO TP.
17/04/18	- TP ACCEPTED OFFER.
	- RECEIVED ORIG. DOCS.
	- FILE 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:	VIC
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: L/S | S$ 3,800.00 (3 days) Reduction: 68 % | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/04/18 Confirm with LINDA | Email ✓ Call ☐

Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 15 | If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) | S$ 4,000.00 | COID CHANGED CANE)

Loss of Rental (LOR): | S$ — (days)

Loss of Use (LOU): | S$ 450.00 ($150 x 3 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: $ 500.00

Total: S$ 4,521.35 **Global Sum S$:** —

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

Payee 1:	S$ 4,521.35	Name 1:	ABWIN SERVICE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—