15/5/2010

INS. CASE OWNER: DANIEL | CC 6/111170 23151, Utra3 91 | LKK:
IDAC:

Surveyor: MARCUS   DOI: **ASSIGNMENT** 6/12/17   Date / Time: 6/12/17
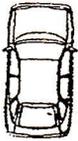Registered in Merimen: 6/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SHO 48244
Name of Insured : CTPL
Insured Tel No. : ___ HP: ___
Excess Sec II :S$ ___ D.O.A: 2/12/17
Is driver the owner? (YES / NO)   Nature of Accident :
If **NO**, Driver Name / Age : Yong Moon Kiong
Driver Tel No. : ___ (V/L: YES / NO)
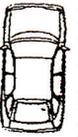
Claim No. : MOT17120060
Policy No. : M10M001
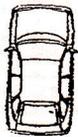Make / Model : H. 160
Place of Accident : Selegie Rd

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
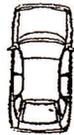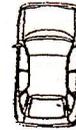Insured Liability : ___ %   **Final ? Yes / No**

SKG 35720

INSRS: | INSRS: | INSRS: | INSRS:
WSP: Quan M | WSP: | WSP: | WSP:
Tel : | Tel : | Tel : | Tel :
Liability : | Liability : | Liability : | Liability :
RMKS: | RMKS: | RMKS: | RMKS:

Date/ Time		STAGE	DATE / PIC
11/12 7AM	SKG 35720 - X; SHO 48244 - cc6/111150 180 77/6hv392 ; DOA: 2/10/15	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	OI rear-ended to TP.	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
	RECEIVED 0 7 JUN 2018	Notification ltr (if non-pickup) X	
		After call ltr to OI X	
		Authorisation To Act /	
9-219	SPOKEN TO QUAN THEIR CLIENT IS ARENTAL CC.	Release Voucher /	
	- OTTUB.	Final Repair Bill /	
	- ALL DOCS IN ORDER.	Car Rental Invoice:	
	- TO CLOSE.	Towing Invoice X	
		LTA / GIA : /	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction /	
		LOD	
PRELIMINARY ADVICE Date/Time:	Sent By:	Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

FINALIZATION Date/Time: ___ Confirm with: ___ Confirm by: ___
Repair Cost: LS S$ 3,300.00 (4 days) Reduction: A5 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 03/07/19 Confirm with Email / Call [ ]
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27   If NO or B 28, Ass. Lia :
Repair Cost: S$ 3300.00   COW (REAR-ENDED TP)
Loss of Rental (LOR): S$ ___ (days)
Loss of Use (LOU): S$ 360.00 ($60 x 6 days)   COPY SENT 6/2/19
Loss of Income (LOI): S$ ___ ($ x days)
LOR only [ ] LOU only [ ] LOR + LOU [/] LOR + LOI [ ] [Tick only one]
GIA/LTA Search S$ 5.35
Medical: S$ ___   1) Claim status: Normal/Reject/Private Settle
Disbursement: S$ ___ (e.g. Tow/ Independent)   2) Report Format:
Legal Cost S$ ___   3) Survey fee: $350.00
Total: S$ 3,665.35 Global Sum S$: ___

FINAL PAYMENT Date/Time: ___ Confirm with: ___ Email [ ] Call [ ]
Payee 1: S$ 3,665.35 Name 1: QUAN DE MOTOR TRADING
Payee 2: (Strike if N.A.) S$ ___ Name 2: ___
Payee 3: (Strike if N.A.) S$ ___ Name 3: ___