15/5/2010

CC 4/EQI170 23271, MKASY

IDAC:

P.S. CASE OWNER:

ASSIGNMENT

Surveyor: MA CF

DOI: 7/12/17

Date / Time: 6/12/17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKV 9887 C

Name of Insured : Robet Limousine Services P/L

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 4/12/2017

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : Wan Ting Tie

Driver Tel No. : 96641891

Claim No. : MMCPHQ17-000185

Policy No. : Toyota Altis

Make / Model :

Place of Accident : Entrance B4 Aye

Nature of Accident :

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

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

(V/L: YES / NO)

SKB 8692 J

INSRS:
WSP: K Kim Hin
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
12/12 2pm	SKB8692J } MA/EQI17023132/h4 ; DOA: 4/12/17 SKV9887C } MA/MC17018965/h4 ; DOA: 3/10/17
12/12/2017 12:11pm.	Spoke to OIO (Mr Wong). confirmed accident details and OIO rear-ended TP. OI will send any additional photos via email. Informed abt TP claim, awar. of NCD issues and agree to settle. Send letter to OI.
	RECEIVED 20 AUG 2018
	* Payee Name Incorrect

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	12/12/2017
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: 8/12/17 Sent By: Hue Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %

FINAL SETTLEMENT Date/Time: 29/8/18 Confirm with Margaret

(Agreed / Assessed) BOLA S/N No. : 27.

If NO or B 28, Ass. Lia : OIO rear-ended TP.

Final Liability:	% 100.	
Repair Cost:	S$ 1230.50	
Loss of Rental (LOR):	S$ 450.00	(3 days) x150.00
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$ 5.35	
Medical:	S$	
Disbursement:	S$	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	S$ 1685.85	**Global Sum S$:**

COPY SENT 30/8/18

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

Email ☐ Call ☐

FINAL PAYMENT Date/Time: Confirm with:

Payee 1:	S$ 1685.85	Name 1:	K. Kim Hin Auto Pte Ltd.
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	