15/5/2010

INS. CASE OWNER: AIDA | CC 4/1111702 3367, T2h639 | LKK: IDAC:

ASSIGNMENT

Surveyor: Tantirh DOI: 08/12/17 Date / Time: 8/12/17
Registered in Merimen: 8/12/17

Pre-assign / CCU / FTE

Insured Vehicle No.: SHC 3281A
Name of Insured: CTPV
Insured Tel No.: HP:
Excess Sec II :S$ D.O.A: 06/12/17
Is driver the owner? (YES / NO)
If NO, Driver Name / Age: CHIN MEOW UN
Driver Tel No.: (V/L: YES / NO)

Claim No.: MCT17120228
Policy No.: MM0MO016
Make / Model: HYUNDAI
Place of Accident: BAYFRONT AVE CROSS MARINE BOULEVARD
Nature of Accident:
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability: % Final ? Yes / No

SHD 2167Z →

INSRS: Prime Auto	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
11/12/17 VIC	SHD2167Z - X SHC3281A - X
12/12/17	- FILE REVIEWED. OID GOING STRAIGHT ON A TURNING LEFT LANE. SEEK LIABILITY MANDATE TO III BY WERIUMEN.
18/12/17	- III AGREED DO. OI CON. VERIFIED / VIC/SHC3281A - OI GOING STRAIGHT ON TURNING LEFT LANE ONLY. - EMAIL LIABILITY CLEAR. - FINALISED.
19/12/17	- TP LOD IN BY EMAIL
20/12/17	- TYPE REPORT FOR MANDATE APPROVAL
08/01/18	- REPORT DONE. SEEK MANDATE.
10/01/18	- III APPROVED MANDATE.
15/01/18	- SEND ACCEPTANCE TO TP.
18/01/18	- ORIG. DV IN. ALL IN ORDER. - TO CLOSE.

RECEIVED 21 DEC 2017

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:	VIC

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: LIG S$ 4,950.00 (3 days) Reduction: 27 %

FINAL SETTLEMENT Date/Time: 15/01/18 Confirm with AUCE Email ✓ Call [ ]
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: NIL
If NO or B 28, Ass. Lia: COID GOING STRAIGHT ON TURN LEFT LANE ONLY)
Repair Cost: (W/GST) S$ 5,296.50
Loss of Rental (LOR): S$ 476.40 (3 days) x $158.80
Loss of Use (LOU): S$ 120.00 ($ 40 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$ —
Medical: S$ —
Disbursement: S$ — (e.g. Tow/ Independent)
Legal Cost S$ —
Total: S$ 5,892.90 Global Sum S$: —

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: $350.00

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 5,892.90	Name 1:	PRIME AUTO CLAIMS SERVICE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—