15/5/2010

INS. CASE OWNER: CC 4 / LPC170 23667 / MK39 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MA CF DOI: 13-12-17 Date / Time : 12-12-17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJT 7667G Claim No. : 17/17/17/VP05/020255

Name of Insured : Md. Faizal Bin Muhammad Policy No. : Z17VP050137-19

Insured Tel No. : HP: 81834905 Make / Model : mit Lancer - 1.5 (A)

Excess Sec II :S$ D.O.A : 5/12/2017 Place of Accident : Stevens Rd before Robin close > Scotts Rd

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

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SKM 7672R → → → →

INSRS: WSP: Kum Chew Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
14/1/18 2pm	SKM 7672R - X ; SJT 7667G - X
	OI is making claim against TP. / Revert to QD
	Lane 1 - straight lane / Lane 2-3 - merging lane.
02012018 :	FILES REVELOED. Case of accident on merging lane. TP changed lane. Lane 1 - straight lane, Lane 2-3 - merging lane. Based on both accident reports and sketch plan, accident occurred on the middle lane. Negotiate 50/50 settlement.
28/8/18	File pass to typist type report
10/10/18	Email to LPC to seek mandate
	3017.76
1/11/2018	Email From LPC approve mandate
	5 x 180
05/07/19	- 900.00 1ST OFFER TO TP.
06/07/19	- 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:	? 02012018
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: 13/12 Sent By: Hui

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 181 S$ 2,820.34 (3 days) Reduction: 34 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05/07/19 Confirm with MOM LKK Email ☑ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : (18)	If NO or B 28, Ass. Lia :
Repair Cost: (3,017.76) $3,017.76	S$ 1,500.00	OD and TP on merging lane.
Loss of Rental (LOR): $900	S$ 450.00 (5 days) X $180.00	
Loss of Use (LOU): —	S$ — ($ x days)	
Loss of Income (LOI): —	S$ — ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search —	S$ —	
Medical: —	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement: —	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost —	S$ —	3) Survey fee: $ 450.00
Total: $3,917.76	S$ 1,958.00	**Global Sum S$:** 1,958.50

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

Payee 1:	S$ 1,958.50	Name 1:	KUM CHEW MOTOR WORKSHOP
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—