15/5/2010

INS. CASE OWNER: CC 3 /QBE1702 390r, F1 uBmn2 | LKK: IDAC:

ASSIGNMENT

Surveyor: Falin DOI: 15/12/17 Date / Time. 15/12/17

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SLD 2994C Claim No. : VC016988

Name of Insured : LOW CHOR MAKEE, JASON (LIU ZUYI, JASON) Policy No. : 8-V001593-MVA

Insured Tel No. : HP: 90062445 Make / Model : HONDA

Excess Sec II :S$ D.O.A : 14/12/17 Place of Accident : MARINA VIEW UNE THDS MARINA BWD.

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**

SH 7567T → → → →

INSRS. LOWE WJ
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
14/12/17	SH 7567T - CCN CU17001461 / F1UBMN2 DOI. 15/12/17
TTH	900/LOC - X
19/12/17@3:15.	Called OI, no response.
19/12/17@4:40	OI called back and he confirmed the accident details. Informed TP claim and he agree to settle.
	File pass to typist
	Conflict of traffic light.

RECEIVED 02 APR 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	> THIN By Email
After call ltr to OI:	20/12

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: 18/12/17 Sent By: BM

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/3/18 Confirm with William Email ☐ Call ☐

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

Repair Cost: S$ 3156.50

Loss of Rental (LOR): S$ 517.12 (4 days)

Loss of Use (LOU): S$ 200.00 ($ x 4 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$ 1) Claim status: Normal/Reject/Private Settle

Disbursement: S$ (e.g. Tow/ Independent) 2) Report Format:

Legal Cost S$ 3) Survey fee:

Total: S$3878.97 **Global Sum S$:** 3870.00

COMPLISENT

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

Payee 1:	S$ 3870.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	