15/5/2010

INS. CASE OWNER: Elaine | CC 6 /EQI1702 3914 / TZ 46352 | LKK: IDAC:

ASSIGNMENT

Surveyor: Taufikh | DOI: 15/12/17 | Date / Time: 15/12/17

Registered in Merimen: —

Pre-assign / CCU / FTE

URGENT

Insured Vehicle No. : GR 9936M | Claim No. : DM17H00V818 - 79

Name of Insured : IMAG SERVICES | Policy No. : DMLHHA17-000445

Insured Tel No. : | HP: | Make / Model : HYUNDAI

Excess Sec II :S$ | D.O.A : 08/12/17 | Place of Accident : FARRER ROAD FLYOVER.

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

If **NO**, Driver Name / Age : GAN TECK SOON | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SFP 7608D →

INSRS: WSP: MAXIMUS Tel : Liability : RATING RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SFP 7608D - X GR 9936M - Y
19/12/18 VIC	- FINALISED. REPAIR UNIT 11K. - ORIGINAL TP LOD IN
02/04/18	- FILE REVIEWED. 3 VEH. C.C. ; OI CAST CAR. SEND LETTER TO OI TO NOTIFY TP CLAIM IN NCD ISSUES.
	- TYPE REPORT FOR MANAGER APPROVAL.
02/04/18 @ 2:55PM	- CALL OIS. NO RESPONSE. - 1ST CAR SIGNED ADMISSION THAT BOTH SHOULD CLAIM AGAINST HER. - REPORT DONE.
30/06/18	- RECEIVED ...
02/07/18	- BG INSTRUCTED TO SUBMIT WP REPORT. - TO CLOSE CASE.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	02/04/18 - OIC

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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: 20/12/17 Sent By: [signature]

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

Repair Cost: L/S S$ 11,500.00 (10 days) Reduction: 54 %

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

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 28e | If NO or B 28, Ass. Lia : 100 (OI LAST, 3 VEH - C.C)

Repair Cost: (W/GST) S$ 11,770.00

Loss of Rental (LOR): S$ — (days) | "TP PAID LAWYER" NO SETTLEMENT

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: WP REPORT

Legal Cost S$ — | 3) Survey fee: $230.00

Total: **S$** — **Global Sum S$:**

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

Payee 1:	S$ —	Name 1:	—
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—