

U.S. CASE OWNER:

Janet

CC 3 / EQ1170 24031 / K/haz

ASSIGNMENT

Surveyor:

KALVIN

DOI:

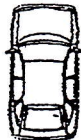
12/12/17

Date / Time:

12/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBF 83362

Claim No.:

Name of Insured:

VERSION ENGINEERING PTE LTD

Policy No.:

DMCPHQ17-001488

Insured Tel No.:

HP: 9736 8072

Make / Model:

NISSAN CABSTAR 3.0

Excess Sec II :SS

D.O.A: 11/12/17

Place of Accident:

JUNCTION OF WOODLANDS AVE
1 AND AVE 12

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age: POH YUEN SIENG

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

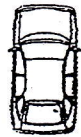
Driver Tel No.: 9736 8072

(V/L ☒ YES / NO)

Insured Liability: %

Final? Yes / No

SHC 6670R



INSRS:

WSP: Private Auto Chng

Tel:

Liability:

RMKS:



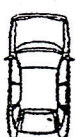
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

29/01/18 (vic)

SHC 6670R - X ; GBF 83362 - X

- FINISHED

- TP LOD IN BY EMAIL

01/02/18 @ 0930hrs: SPOKE TO OT, VERSION ENGINEERING P/LA 9736 8072 agreed to
settled on TP claims - will sent letter - sin

13/02/18

- SEND LETTER TO OI.

- SEND 1st OFFER TO TP.

14/02/18

- TP ACCEPTED OFFER.

15/02/18

- ORIG. DOCS IN. ALL IN ORDER. NO PV.

- TO CLOSE.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 01/02/18 754

After call ltr to OI: 15/02/18 - vic

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: 150 PV

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: 19/12/17

Sent By:

Shirley Huen

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: PIP

S\$ 5,391.20 (4 days) Reduction: 43 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost: (w/loss)

S\$ 5,704.28

(500 P&R - ENDED TP)

Loss of Rental (LOR):

S\$ 809.54 (4.5 days) X \$113.23

Loss of Use (LOU):

S\$ 180.00 (\$ 40 x 4.5 days)

Loss of Income (LOI):

S\$ - (\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐ LOR + LOI ☒ [Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$ -

3) Survey fee:

\$400.00

Total:

S\$ 6,395.92

Global Sum S\$:

6,390.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 6,390.00

Name 1:

PREMIER AUTOMOTIVE SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-