INS. CASE OWNER: CC 7 /CTI1702 4528 / F1 W63m2 LKK: IDAC:

ASSIGNMENT

Surveyor: Falvin DOI: 27/12/17 Date / Time : 27/12/17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJA 7241B	Claim No. :	SNM17D0728502/1
Name of Insured :	WAY TRUTH LIFE	Policy No. :	DMTCBN306TV11700
Insured Tel No. :	HP:	Make / Model :	NISSAN
Excess Sec II :S$	D.O.A : 27/12/17	Place of Accident :	BLK184 TOLEBU RD

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

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

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

SMA 9128G → → →

INSRS: UNIE WSP: Tel : Liability : NO. RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
27/12/17	SMA 9128G - X SJA 7241B - ✓
Victim	
5/1/18	Confirm accident details. inform TP claim. agree to settle and award NCD will be affected. letter send out
12/01/18	- letter sent out.
23/3/18	Email to CT2 to seek mandate
14/5/18	Email from CT2 approve mandate

RECEIVED 26 JAN 2018

RECEIVED 21 MAY 2018

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	5/1/18
After call ltr to OI:	12/01/18

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: 27/12/17   Sent By: Dm

FINALIZATION Date/Time: Confirm with: Confirm by:

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

FINAL SETTLEMENT Date/Time: 14/5/18   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$ 3238.98	
Loss of Rental (LOR):	S$ 815.10 (6.5 days) x 125.40	COPY SENT 21/5/18
Loss of Use (LOU):	S$ 325.00 ($ 50 x 6.5 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 7.49	
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$** 4386.57. **Global Sum S$:** 4350.00	

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

Payee 1:	S$ 4350.00	Name 1: Comfortdelgro Engineering Pte Ltd.
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: