1/5/2010

INS. CASE OWNER: CC 4/EQI1702 4689, U kflo3 9 m

LKK:
IDAC:

ASSIGNMENT

Surveyor: Marcus

DOI: 4/1/18

Date / Time : 29/12/17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	YM 9920X	Claim No. :	0M17H002933 JG
Name of Insured :	EUGENE MARINE INTERIORS P/L	Policy No. :	0MCPMQ17-00069
Insured Tel No. :	HP:	Make / Model :	MITSUBISHI
Excess Sec II :S$	D.O.A : 27/12/17	Place of Accident :	AYE - lamp post no. 147F

Is driver the owner? (YES / NO) — NO circled

Nature of Accident :

If NO, Driver Name / Age : CHIANG THIM FOOK

Driver Tel No. : 98729907 (V/L: YES / NO) — YES circled

OI GIA REPORT: YES / NO — YES circled : TP GIA REPORT: YES / NO — YES circled

Insured Liability : %   **Final ? Yes / No**

SLJ 2774 → →

INSRS:
WSP: Specialist
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
17/1/18 Pavan	SLJ 2774 - X YM9920X - X	
12/3/18	Call OIB no response	
13/3/18	Call OIP confirm accident details OID veh ended TP. inform TP claim OID aware NCD will be affected. Email to OI.	
	RECEIVED 23 APR 2018	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	→ Pavan
After call ltr to OI:	(EMAIL)

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: 4/1/18   Sent By: TM

Confirm by: Email [ ] Call [ ]

FINALIZATION Date/Time: Confirm with:

Repair Cost: S$ (days) Reduction: %

Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 20/4/18 Confirm with Irene

If NO or B 28, Ass. Lia : OIP veh ended TP

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27
Repair Cost: VIGN	S$ 5992.00	
Loss of Rental (LOR):	S$ 450	(3 days) 150
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$ 2.00	
Medical:	S$	
Disbursement:	S$	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	S$ 6444.00	**Global Sum S$:**

COPY SENT 24/4/18

1) Claim status: Normal/Reject/Private Settle — Normal circled
2) Report Format: TP
3) Survey fee: 400

Email [ ] Call [ ]

FINAL PAYMENT Date/Time: Confirm with:

Payee 1:	S$ 6444.00	Name 1:	SPECIALISTS MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

CK 24/4/18