15/5/2010

INS. CASE OWNER: Bernie | CC4 / AIG18000133 / KHS | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN | DOI: 03/01/18 | Date / Time: 03/01/18 | Registered in Merimen: 03/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLC 4941H | Claim No. : 958836674 1SG

Name of Insured : ZHOU BINING | Policy No. : 2100497316

Insured Tel No. : | HP: 83385446 | Make / Model : TOYOTA COROLLA ALTIS -1.6 (A)

Excess Sec II :S$ | D.O.A : 29/12/17 | Place of Accident : KAKI BUKIT RD3 OUTSIDE EMPIRE TECHNO CENTRE

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

If NO, Driver Name / Age :

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

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

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

SKZ 1830Y →

INSRS:
WSP: ETHICARE
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKZ 1830Y - NA/INC1602365G/13 DOA: 12/12/16 SLC 4941H - X
05/01/18 (Vic)	- PINNED.
5/1/18 @ 4.00pm -	spoke to Mr Zhou Bining, 83385446. Agreed to settle on TP claims. Aware of NCD issue. Email and letter will be sent.
12/01/18	- SEND LETTER TO OI. - TP LOD IN BY EMAIL.
02/07/18 04/07/18	- SEND 1ST OFFER TO TP - TP ACCEPTED OFFER. - ALL DOCS IN ORDER. - TO CLOSE.

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 > Sin Hawa
After call ltr to OI:	12/01/18 - VIC OU

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LS | S$ 4,300.00 (4 days) Reduction: 33 % | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 04/07/18 Confirm with KATHERINE | Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia : COI REVERSED
Repair Cost:	S$ 4,300.00		
Loss of Rental (LOR):	S$ 300.00 (3 days) X $100.00		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search (BUDGET)	S$ 34.10		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$ —		3) Survey fee: $620.00
Total:	S$ 4,654.10	Global Sum S$: —	

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

Payee 1:	S$ 4,634.10	Name 1:	ETHICARE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	