15/5/2016

INS. CASE OWNER: Justin | CC 4/EQI1800 0429, A pg 3 G4 | LKK: IDAC:

Surveyor: WP

ASSIGNMENT

DOI: 08/01/18 Date / Time: 8/1/18

Pre-assign / CCU / FTE

Registered in Merimen: —

Insured Vehicle No. : GBE 5883F

Name of Insured : KAILASAM S/O PERIANAN MASHAN

Insured Tel No. : HP:

Excess Sec II :S$

D.O.A : 5/1/18

Is driver the owner? (YES / NO)

Nature of Accident :

If NO. Driver Name / Age : VIGNESHVARAN S/O KAILASAM

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

Claim No. : OMI18H00045

Policy No. : OMCPMQA-000289

Make / Model : NISSAN

Place of Accident : BRADDELL FLYOVER

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

Insured Liability : % Final ? Yes / No

GBD 6866J → GBE 5883F → YP 5798T → GBD 4877R

INSRS:	INSRS:	INSRS: F-1	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel : Autoclinic	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time	
11/1/18	YP5798T - X GBE 5883F - X
WAT	- Owen CC. ✓
18/1/18	- OID was the vehicle.
	- Sent letter to OI.
26/7/18	- PA ✓.
26/7/18	- File pass to type mandate.
7/9/18	- DV sent
10/9/18	- File pass to Shu Pei to close.

RECEIVED 17 SEP 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	JAKTA Jey 19/1/18
After call ltr to OI:	2201

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: 26/7/18 Sent By: CH

FINALIZATION Date/Time: Confirm with:

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

FINAL SETTLEMENT Date/Time: 7/9/18 Confirm with Chris Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 (5CC. OID HIT) If NO or B 28, Ass. Lia : 0%.

Repair Cost: S$ 26000.00

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): S$ 2880.00 ($ 120 x 24 days)

Loss of Income (LOI): S$ ($ x days)

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

COPY SENT 14/9/18

GIA/LTA Search S$ —

Medical: S$ —

Disbursement: S$ —

Legal Cost S$ — (e.g. Tow/ Independent)

Total: S$ 28880.00

* Rental Receipt TP Company Name & TP Name Incorrect

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: $400

FINAL PAYMENT Date/Time: 7/9/18 Global Sum S$: Confirm with Chris Email Call

Payee 1:	S$ 28880.00	Name 1: F-1 Autoclinic Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: