15/5/2010

INS. CASE OWNER: NATALIE | CC 3/III1800 0661, KL/63 9/2 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth | DOI: 09/1/18 | Date / Time: 9/1/18

Registered in Merimen: 11/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 1654X | Claim No. : MCT 18010245

Name of Insured : LYPL | Policy No. : MLOMO016

Insured Tel No. : | HP: | Make / Model : HYUNDAI

Excess Sec II :S$ | D.O.A : 07/01/18 | Place of Accident : LOBBY DRIVEWAY AT MARINA BAY SANDS AT BAYFRONT AVE

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

If NO, Driver Name / Age : WONG SER KIONG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHD247P → → →

INSRS: WSP: Trans Cab Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
15/1/18	SHD247P - CDL/HSM/ALLIANZ/EP63 DOA: 9/10/17
	SHC 1654X - X
T/H	- OI VIDEO FOOTAGE UPLOADED IN MERIMEN
	Both vehicle move off from stationary
	- FINALIZED.
	- ORIGINAL TP LOD IN
18/01/19	- III AGREED ON A 50/50 LIABILITY
15/02/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
25/02/19	- SEEK MANDATE APPROVAL TO III.
26/02/19	- III APPROVED MANDATE @ 50%.
27/02/19	- SEND 1ST OFFER TO TP.
14/05/19	- TP ACCEPTED OFFER.
	- RECEIVED ORIG. DV.
	- 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:	
After call ltr to OI:	

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: P/P S$ 3,585.19 (2.5 days) Reduction: 87 % Email Call

FINAL SETTLEMENT	Date/Time: 14/05/19 Confirm with WAI YIN	Email Call	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
(W/GST) Repair Cost: $3,793.35	S$ 1,896.68		
Loss of Rental (LOR) $310.8	S$ 155.40 (3 days) X $103.60		
Loss of Use (LOU). $120	S$ 60.00 ($ 40 x 3 days)		
Loss of Income (LOI): —	S$ — ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [Tick only one]		
GIA/LTA Search —	S$ —		
Medical: —	S$ —	1) Claim status: Normal/Reject/Private Settle	
Disbursement: —	S$ — (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost —	S$ —	3) Survey fee:	$600.00
Total: $4,224.15	S$ 2,112.08 Global Sum S$: —		

FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$ 2,112.08	Name 1: TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	