15/5/2010

INS. CASE OWNER: PRIYA | CC3/III1800 1296 / TI W63 | LKK: | IDAC:

ASSIGNMENT

Surveyor: TAUFIKH | DOI: 29/01/18 | Date / Time : 27/1/18

Registered in Merimen: 27/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SH 6765U	Claim No. :	MCT 18010478
Name of Insured :	LTPL	Policy No. :	MUOM0015
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 17/01/18	Place of Accident :	MCLOU HIGHWAY IN THE DIRECTION TWDS UTY.
Is driver the owner? (YES / NO) (NO circled)	Nature of Accident :		
If **NO**, Driver Name / Age : LIM MENG YONG		OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)	
Driver Tel No. :	(V/L: YES / NO) (YES circled)	Insured Liability : %	**Final ? Yes / No**

SKU 1995 → ______ → ______ → ______

INSRS: performance	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
24/1/18	SKU1995-X
	SH 6765U - [illegible]
V/L	
27/01/18	- FILE REVIEWED. OIO REAR-ENDED TP.
	SEEK LIABILITY MANDATE.
28/01/18	- III AGREED b/S.
	- EMAIL LIABILITY CLEAR.
	- FINALISED
	- ORIGINAL TP LOD IN
11/05/18	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
01/06/18	- SEEK MANDATE TO III BY MERIMEN
	RECEIVED 14 MAY 2018
04/06/18	- III APPROVED MANDATE.
06/06/18	- CONFIRMED AMOUNT SAME AS LOD.
	- 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:	YUK
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$ 4,692.70 (3 days)	Reduction: 65 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/06/18	Confirm with CAROLINE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) (Agreed circled)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 5,021.19		(OIO REAR-ENDED TP)
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 300.00 ($100 x 3 days)		
Loss of Income (LOI):	S$ — ($ 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 (Normal circled)
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $500.00
Total:	**S$** 5,321.19	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,321.19	Name 1:	PERFORMANCE MOTORS LIMITED
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—