15/5/2010

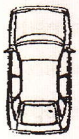
INS. CASE OWNER: SHAWN | CC4/AIG1800 2004 / K hb3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 06/02/18 Date / Time : 31/01/18

Registered in Merimen: 1/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SFZ 73177 Claim No. : 5976474465856

Name of Insured : HOW SWEE HOOI IVY Policy No. : 700448813

Insured Tel No. : HP: Make / Model : MITSUBISHI

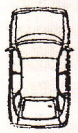
Excess Sec II :S$ D.O.A : 28/01/18 Place of Accident : FORT CANNING RD

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

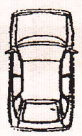
If **NO**, Driver Name / Age : TEO EE SOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

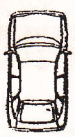
SFZ 8996 → → →



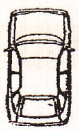
INSRS: Esteem
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
6/1/18	SFZ 8996 -Y SFZ 73177 -Y
NC	-
06/03/18	Call OID confirm details OID recommended TP inform OID NCD will be affected. OID request to know the updates of claim on TP amount as well re motion is a slight damages. later send to OI.
12/09/18	- EMAIL LIABILITY CLOSE - FINALISED - TP LOD IN BY EMAIL
08/01/19	- SEND 1ST OFFER TO TP. - TP PROPOSED LOU @ $100 DAILY.
11/01/19	- TP ACCEPTED PROPOSED G/O. - RECEIVED 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:	Ch 12/3

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$ 2,115.50 (2 days) Reduction: 71 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/01/19 Confirm with CARLIEN Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2,263.59	COID PLEASE - ENDED TP
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 200.00 $100 x 2 days) 199 OC	
Loss of income (LOI):	S$ - ($ x days)	
LOR only ☐ LOU only ✓	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 7.45	
Medical:	S$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ -	3) Survey fee: $320.00
Total:	**S$ 2,471.04** **Global Sum S$:** 2,450.00	

Ch 12/3

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

Payee 1:	S$ 2,450.00	Name 1:	ESTEEM PERFORMANCE PTE LTD
Payee 2: (Strike if N.A.)	S$ -	Name 2:	-
Payee 3: (Strike if N.A.)	S$ -	Name 3:	-