15/5/2010

INS. CASE OWNER: NORSIAH | CC 6 /AIG1800 2005 / A 1663 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 05/02/18 Date / Time : 5/2/18

Registered in Merimen: 5/2/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SBY 3383H Claim No. : 2779 3269 4564 56

Name of Insured : UM TEIK WEI ADRIAN Policy No. : 100471806-01000

Insured Tel No. : HP: 91522420 Make / Model : AU01

Excess Sec II :S$ D.O.A : 01/01/18 Place of Accident : BRAS BASAH RD

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

If **NO**. Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SED 5237A → → →

INSRS: premium
WSP:
Tel :
Liability :
RMKS: CW7

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
6/2/18 VIC	SED 5237A - X SBY 3383H - CW7 PREMIUM SERVICE PTS LOD DOA: 1/1/18
06/02/18	- PHS REQUIRED. OI REPR-ENDED TP GUAM LIABILITY CLOSE.
26/4/2018 2.45pm pehlia	- Spoke to Mr Lim at 91522420. OI confirmed the accident statement. Informed OI about the TP claim and HCD issue. OI agreed and aware the HCD issue. Letter to OI
	- FINALISED.
28/06/18	- TP LOD IN BY GUAM
29/06/18	- SENT 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:	
After call ltr to OI:	26/4/2018 Pic-ok 30/4

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: L/S S$ 2,150.00 (3 days) Reduction: 52 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 29/06/18 Confirm with AUN TONG Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27
Repair Cost:	S$ 2,150.00	If NO or B 28, Ass. Lia : COI REPR-ENDED TP)
Loss of Rental (LOR):	S$ 200.00 (2 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	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: $520.00
Total:	**S$ 2,357.45**	**Global Sum S$:** 2,350.00

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

Payee 1:	S$ 2,350.00	Name 1:	PREMIUM CARE SERVICE PTS LOD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—