15/5/2010

INS. CASE OWNER: SUNDARI | CC 3 /1111800 2237, 22669 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Fahin DOI: 27/1/18 Date / Time : 2/2/18

Registered in Merimen: 5/2/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHO 3323H Claim No. : HCT1802.0011

Name of Insured : LTPL Policy No. : MCOMW016

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

Excess Sec II :S$ D.O.A : 01/01/18 Place of Accident : MAYFLOWER ST CROSS FOUR RD

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

If **NO**, Driver Name / Age : WW FOCK WEE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHC 6787M →

INSRS:
WSP: premier
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
6/2/18	SHC 6787M-V SHO 3323H-V
VIC	
	- FINALISED.
06/02/18	- FILE REVIEWED. OLD REAR-ENDED TP.
	- SEND LIABILITY MANDATE TO III.
	- III AGREED 6/6.
12/02/18	- TP LOD IN BY EMAIL
	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
28/02/18	- SEEK MANDATE APPROVAL TO III
	- III APPROVED MANDATE.
01/03/18	- SEND 1ST OFFER TO TP
02/03/18	- TP ACCEPTED OFFER.
08/03/18	- RECIEVED ORIG. DOCS. ALL IN ORDER.
	- TO CLOSE.

RECEIVED 15 FEB 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	VIC
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: HS S$ 2,450.00 (3 days) Reduction: 46 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 02/03/18 Confirm with GARY Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2,621.50	COLD REAR-ENDED TP)
Loss of Rental (LOR):	S$ 506.04 (6 days) X @ 84.34	
Loss of Use (LOU):	S$ 240.00 ($ 40 x 6 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: $350.00
Total:	**S$ 3,367.54** **Global Sum S$:** 3,360.00	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 3,360.00	Name 1:	PREMIER AUTOMOTIVE SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—