15/5/2010

INS. CASE OWNER: Satha | CC6 / AIG18002589 / A~~4~~ K 3 9/V | LKK: | IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 06/02/18 Date / Time : 06/02/18

Registered in Merimen: 08/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 2207Y		Claim No. :	2562530243SG
Name of Insured : NGO YUH SHING		Policy No. :	2100504994
Insured Tel No. :	HP: 9144 3532	Make / Model :	KIA FORTE K3 - 1.6 SX (A)
Excess Sec II :S$	D.O.A : 04/02/18	Place of Accident :	EAST COAST ROAD
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SJC 6006K → ______ → ______ → ______

INSRS: WSP: T&C Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJC 6006K - X ; SLM 2207Y - X
20/02/18 (THIN THAN)	* NO estimate
	Called OI no response. OI rear-ended to TP.
	- FINALISED.
31/7/19	FILE PASS TO TYPE MANDATE

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	> THIN By Email
After call ltr to OI:	21/3

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: LG S$ 8,000.00 (16 days) Reduction: 50 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 3/9/19 Confirm with Pearl Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8,000.00	
Loss of Rental (LOR):	S$ - (- days)	
Loss of Use (LOU):	S$ 780 (S 60 x 13 days)	
Loss of Income (LOI):	S$ - (S - x - days)	
LOR only ☐ LOU only ✓	LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**	
GIA/LTA Search	S$ 7.49	
Medical:	S$ -	
Disbursement:	S$ - (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$ -	2) Report Format: TP
Total:	**S$** 8,787.49 **Global Sum S$:**	3) Survey fee: $320

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

Payee 1:	S$ 8,787.49	Name 1: T&C AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: