15/5/2010

INS. CASE OWNER: Shirini | CC4 / III1800 2615 / RI | LKK: | IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 09/02/18 Date / Time: 07/02/18, 08/02/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 6632L Claim No. : MCT1802017 |

Name of Insured : CTPL Policy No. :

Insured Tel No. : HP: Make / Model : HYUNDAI I40

Excess Sec II :S$ D.O.A : 05/02/18 Place of Accident : WOODLANDS RD CTR RD JUNCTION WITH MARSILING RD

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

If NO, Driver Name / Age : SNG KOK POH OI GIA REPORT YES / NO ; TP GIA REPORT YES / NO

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

FBL 2056P → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: GG 98	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	FBL 2056P - CS/INS9160199885/GGbm2 DOA: 12/10/16 SHA 6632L7 - CS/III2006032/UGP DOA: 23/03/12 - NS/INC1101705 3/HIBM DOA: 19/03/11
19/02/18 (THUR 7PM)	* NO estimate
	- OI VIDEO UPLOADED IN WORKFLOW
	OI making right turn from left lane
02/03/18	- III AGREED DS
	- FINALISED
	- TP LOD IN BY EMAIL
18/12/18	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
15/01/19	- OTHER MANDATE APPROVAL TO III
	- PENDING AFTER REPAIR PHOTOS
15/02/19	- III APPROVED MANDATE
21/02/19	- GSING 1ST OFFER TO TP.
	- TP ACCEPTED OFFER.
26/02/19	- RECEIVED ORIG. DV. ALL DOCS IN ORDER.

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:	

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$ 1,250.00 (3 days)	Reduction: 5%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21/02/19	Confirm with LINDA	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,250.00		
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 60.00 ($ 20 x 3 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐	LOR + LO ☐ [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: 4260.00
Total:	S$ 1,310.00	**Global Sum S$:** —	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$ 1,310.00	Name 1:	GG 98 MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—