I/S. CASE OWNER: Ahann   CC 3 /AIG1800 2637, 4963   LKK: IDAC:

Surveyor: Calvin   DOI: 08/7/18   **ASSIGNMENT**   Date / Time: 8/2/18
Registered in Merimen: 9/2/18

Pre-assign / CCU / FTE   SKW 17B

Insured Vehicle No. :   Claim No. : 9663998287354
Name of Insured : TAY WEE HONG   Policy No. : 700497405-01000
Insured Tel No. :   HP: 96800766   Make / Model : MERCEDES
Excess Sec II :S$ D.O.A : 07/01/18   Place of Accident : PORTCHESTER AVE
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**

SMD3370X →   →   →   →

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP: CALVE		WSP:		WSP:		WSP:
	Tel : WO		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time				STAGE	DATE / PIC
21/1/18	SMD3370X - AIG/18000839/13 DOR=12/1/18			Non-Reporting ltr (1st):	
TTH				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
6/3/18	called OI no response.			Notification ltr (if non-pickup):	8/6/13
	OI called in and he confirmed the accident			Call OI: THIN	
	details. Informed TP claim and he agree to			After call ltr to OI: 2/6	
	settle.			Documentation Check List: Handler	Typist
				Notification ltr (if non-pickup):	
	Open door.			After call ltr to OI:	
				Authorisation To Act:	
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice:	
				LTA / GIA :	
				Medical Bill:	
	RECEIVED 12 MAR 2018			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:
Email ☐ Call ☐
Repair Cost: S$ 4,452.92 (3 days) Reduction: 22 %

FINAL SETTLEMENT Date/Time: 08/03/18 Confirm with Cecilia   Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 26   If NO or B 28, Ass. Lia :
Repair Cost: W/GST S$ 4,764.62
Loss of Rental (LOR): 21-28 S$ 363.84 (3 days)   COPY SENT 11/2/18
Loss of Use (LOU): S$ 150.00 (50 x 3 days)
Loss of Income (LOI): S$ x days)
LOR only ☐ LOU only ☐ LOR + LOU ☑ LOR + LOI ☐ [Tick only one]
GIA/LTA Search S$ 5.35   1) Claim status: Normal/Reject/Private Settle
Medical: S$ 2) Report Format:
Disbursement: S$ (e.g. Tow/ Independent)   3) Survey fee:
Legal Cost: S$
Total: S$ 5,283.81   Global Sum S$: 5,280.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐
Payee 1: S$ 5,280.00 Name 1: Comfortdelgro Engineering Pte Ltd
Payee 2: (Strike if N.A.) S$ Name 2:
Payee 3: (Strike if N.A.) S$ Name 3: