15/5/2010

INS. CASE OWNER: Cynthia. | CC 4 ASM /~~AX~~A1800 2018 / F 1163 | LKK: IDAC:

ASSIGNMENT

Surveyor: ESC DOI: 27/7/18 Date / Time : 14/8/18

Registered in Merimen:

Pre-assign / CCU / F TE

Insured Vehicle No. : SFA 7896H Claim No. : S8M0087 | 30775

Name of Insured : FISH INTERNATIONAL SOURCING HOUSE PTE Policy No. : G1804876111

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

Excess Sec II :S$ D.O.A : 10/07/18 Place of Accident : DIE BY TOA PAYOH EXIT

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

If **NO**, Driver Name / Age : ALWIN BOY CHIN HIM OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SJX3619B → → →

INSRS: motor image
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
6/7/18	SJX3619B → SFA 7896H →
NC	# commutclaim
5/3/18	CALL OID NO RESPONSE
6/3/18	CALL OID NO RESPONSE
7/3/18	CALL OID NO RESPONSE. LEAVE SMS TO OI.
	- ASK ACCORD D/S. NO XS.
	- PIC REVIEWED. 3 VEH. C.C. OID LAST.
03/04/18	- AWAIT LIABILITY CLEAR
	- TP CONVERTED OD CLAIM.
	- SUBMIT WP REPORT.
22/06/18	- 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:	09/03/18 - BENJAMIN

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: 28/02/18 Sent By: bb

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

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

Final Liability:	% 100 % (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100 %
Repair Cost:	S$ —		(3CC OID LAST) CH 12/3/18
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ — ($ x days)		TP CONVERT OD NO SETTLEMENT
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: WP REPORT
Legal Cost	S$ —		3) Survey fee: $250.00
Total:	**S$**	**Global Sum S$:**	

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

Payee 1:	S$ —	Name 1:	—
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—