15/5/2010

INS. CASE OWNER: PRIYA | CC 3/III1800 7082/ F1 b63 9 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 14/7/18 Date / Time: 14/7/18

Registered in Merimen: 14/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4565U		Claim No. :	MCT18020484
Name of Insured : LTPL		Policy No. :	MOM0015
Insured Tel No. :	HP:	Make / Model :	HYUNDAI
Excess Sec II :S$	D.O.A : 13/02/18	Place of Accident :	BKE B4 MANDAI EXIT
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age : TAN HWEE LIN	(V/L: YES/ NO)	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :		Insured Liability : %	Final ? Yes / No

SHB 8048E →

INSRS: WSP: Tel : Liability : RMKS: (Premier)	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
20/2/18	SHB 8048E – V
	SHD4565U – CC3/1111700A354 (F1C63) OOM. 4/9/14
VIC	
22/02/18	- FILE REVIEWED. OID REAR-ENDED TP.
	- SEEK LIABILITY MANDATE.
	- III AGREED DS
	- FINALIZED.
	- TP LOD IN BY EMAIL
27/03/18	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE.
	RECEIVED 27 MAR 2018
02/04/18	- SEEK MANDATE TO III BY MERIMEN
	- III APPROVED MANDATE.
04/04/18	- SEND 1ST OFFER TO TP.
	- TP ACCEPTED OFFER.
06/04/18	- RECEIVED ORIG. DOCS. ALL IN ORDER.
	- TO CLOSE.

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: FP	S$ 4,400.70 (4 days)	Reduction: 22 %	Email Call
FINAL SETTLEMENT	Date/Time: 04/04/18	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$ 4,711.96		(OID REAR-ENDED TP)
Loss of Rental (LOR):	S$ 680.26 (7 days) x $ 97.18		
Loss of Use (LOU):	S$ 280.00 (S$ 40 x 7 days)		
Loss of Income (LOI):	S$ — (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: $350.00
Total:	**S$** 5,672.22	**Global Sum S$:** 5,670.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$ 5,670.00	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: —	