15/5/2010

INS/CASE OWNER Natalie | CC 4 / III1800 3400 / A wa3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 22/02/18 Date / Time: 21/02/18

Registered in Merimen: 22/02/18

Pre-assign / CCU / FT

Insured Vehicle No. :	SHA 2634H	Claim No. :	MC/180208
Name of Insured :	CWL	Policy No. :	MCOM0015
Insured Tel No. :	HP:	Make / Model :	H.140
Excess Sec II :S$	D.O.A : 14/2/18	Place of Accident :	Bukit Batok Green > Yew Road
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : Ng Wee Hong		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SJX 4203K → → →

INSRS: WSP: Supercolors Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
19/3 ADRIAN	SJX 4203K . X ; SHA 2634H . X
	liability clear via merimen
19/3/18	File pass to typist type report
21/3/18	Seek mandate via merimen
23/3/18	mandate approve via Merimen
	RECEIVED 19 MAR 2018
	RECEIVED 09 APR 2018

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

FINAL SETTLEMENT Date/Time: 4/4/18 Confirm with Gwen Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100 %
Repair Cost:	S$ 8600.00	OSD involved in 3 CC
Loss of Rental (LOR):	S$ – (days)	OSD is the last veh
Loss of Use (LOU):	S$ 1100.00 ($ 100 x 11 days)	
Loss of Income (LOI):	S$ – ($ x days)	COPY SENT
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ 7.45	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –	3) Survey fee:
Total:	**S$** 9707.45 **Global Sum S$:** 9700.00	

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

Payee 1:	S$ 9700.00	Name 1: Super Colors Pte Ltd
Payee 2: (Strike if N.A.)	S$ /	Name 2:
Payee 3: (Strike if N.A.)	S$ /	Name 3: