15/5/2010

INS. CASE OWNER: MAVIS CHEW | CC 4 UR /AIG1800 3591 / KH763 | LKK: IDAC:

ASSIGNMENT

Surveyor: KSC | DOI: 17/7/18 | Date / Time : 20/7/18 | Registered in Merimen: 20/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLE 8917E	Claim No. :	4334597253756
Name of Insured :	URF	Policy No. :	944995058
Insured Tel No. :	HP:	Make / Model :	HONDA
Excess Sec II :S$	D.O.A : 15/7/18	Place of Accident :	INSIDE SPC WASHING AREA
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age : TAN MUI HION		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SLA 8220G →

INSRS: WSP: City Auto Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SLA 8220G - 4 SLE 8917E - 8	
5/7/18 May.	- MINIMIZED - TP LOD IN BY EMAIL	
	- MUF REVIEWED, 3 VEH. C.C., OID 2ND	
05/07/19	- SEND 1ST OFFER TO TP. - TP ACCEPTED OFFER.	
08/07/19	- ALL DOCS IN ORDER, - TO CLOSE	
28-1-19	PENDING FINALIZATION	

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	NA
Non-Reporting ltr (2nd):	NA
Non-Reporting ltr (Final):	NA
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	30/5-3-18

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI: EMAIL	☑	☐
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: P/P   S$ 2,465.68 (3 days) Reduction: 57 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/07/19 Confirm with VERONICA   Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost: (w/GST)	S$ 2,638.28	3 V.C.C.
Loss of Rental (LOR) (w/GST)	S$ 321.00 (3 days) X $100.00	01 2ND.
Loss of Use (LOU):	S$ — ($ x days)	A: 0%
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:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 2,959.28 **Global Sum S$:** —	

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

Payee 1:	S$ 2,959.28	Name 1:	CITY AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—