15/5/2010

INS. CASE OWNER: SHORINI | CC4/III1800 7609 / S 7637 | LKK: | IDAC:

ASSIGNMENT

Surveyor: YWK

DOI: 27/2/18

Date / Time: 27/2/18

Registered in Merimen: 26/2/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 8122T.	Claim No. :	MCT 18020586
Name of Insured :	CTPL	Policy No. :	MLOMO01G
Insured Tel No. :	HP:	Make / Model :	HYUNDAI
Excess Sec II :S$	D.O.A : 15/2/18	Place of Accident :	417 UP EXIT X BEDOK NORTH AVE 2

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

If NO, Driver Name / Age : TAY CHEK HEONG

OI GIA REPORT: (YES) NO ; TP GIA REPORT: (YES) NO

Driver Tel No. : (V/L: (YES) / NO)

Insured Liability : % **Final ? Yes / No**

SFM 3636G → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: STUTTGART	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
27/2/18	SFM3636G → P
	SHC8122T – CCM/CR1901667426(E3P03390099A/01/01)
11H	
	OI coming out from side road to make a right turn
	– LOU ISSUE. ($150 X 20 DAYS)
	COR(W/GST) : $ 16,304.42
	LOU : $ 3,000.00 ($150 X 20 DAYS)
	TOTAL : $ 19,304.42
13/12/18	– RESEND MANDATE TO III.
14/12/18	– III APPROVED MANDATE.
	– SEND 2ND OFFER TO TP.
10/01/19	– RECEIVED ORIG. DV. TP ACCEPTED OFFER.
	– ALL DOCS 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:	
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: PO 4 DO	☑	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 15,237.78 (7 days) Reduction: 56 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 14/12/18 Confirm with SAMICE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9(d)	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 16,304.42	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 3000.00 ($ 150 x 20 days)	
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: $ 600.00
Total:	**S$** 19,304.42 **Global Sum S$:** —	
FINAL PAYMENT	Date/Time: Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 19,304.42	Name 1: STUTTGART AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —