15/5/2010

INS. CASE OWNER: CC 3/III1800 3853 , F2 hob 9/ LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 27/7/18 Date / Time : 27/7/18

Registered in Merimen: 27/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 83150	Claim No. :	MCT 18020890
Name of Insured :	UTPL	Policy No. :	MLOMODLE
Insured Tel No. :	HP:	Make / Model :	HYUNDAI
Excess Sec II :S$	D.O.A : 26/7/18	Place of Accident :	ORCHARD RD X OLDHAM LANE
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : LEE SOON HAN		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHC 6017C → → →

INSRS: WSP: premier. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
2/3/18	SHC6017C - X SHC83150 - Y	
VC	- FINALISED	
5/3/18	FILE REVIEW OI REAR ENDED TP	
	- III AGREED D/S.	
	- TP LOD IN BY EMAIL.	
04/04/18	- TYPE REPORT FOR MANDATE APPROVAL	
	- REPORT DONE.	
25/04/18	- SEEK MANDATE APPROVAL TO III BY MERIMEN	
	- III APPROVED MANDATE.	
04/05/18	- SEND 1ST OFFER TO TP.	
	- TP ACCEPTED OFFER.	
08/05/18	- ALL DOCS IN ORDER.	
	- TO CLOSE	
	RECEIVED 0 9 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: F/P	S$ 350.00 (2 days)	Reduction: 87 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/05/18	Confirm with GARY	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : 100%.
Repair Cost: (W/GST)	S$ 353.10		OI REAR ENDED TP.
Loss of Rental (LOR):	S$ 250.98 (2.5 days) X $100.39		
Loss of Use (LOU):	S$ 100.00 ($ 40 x 2.5 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: $350.00
Total:	**S$** 704.08	**Global Sum S$:** 700.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 700.00	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: —	