

INS. CASE OWNER:

CC6 / CTI1800

LKK:

IDAC:

Surveyor:

Adrian

DOI:

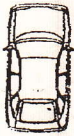
ASSIGNMENT

Date / Time:

7/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

XD 4420P

Claim No.:

SNM180012050Y

Name of Insured:

FOT TOMA TRANSPORT

ENGINEERING
WORKS PH

Policy No.:

DM CUSN 1801791800

Insured Tel No.:

HP:

Make / Model:

SUZUKI

Excess Sec II :S\$

D.O.A.:

3/7/18

Place of Accident:

FORD RD TMS MOUNTAIN TEN RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

SU NAN

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

17751657

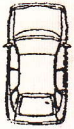
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SJZ 1177L



INSRS:

WSP:

Tel:

Liability:

RMKS:

Mo
Beng.

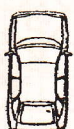
INSRS:

WSP:

Tel:

Liability:

RMKS:



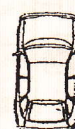
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
12/7/18	SJZ 1177L XD 4420P now insured is claiming third party.	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	21/5/18 EV
21/5/18	Call OI PIC mv ny intm vtd claim a NCD intm my with settle @ bar claim. 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:	☐
16/08/18	FINALIZED TP LOD IN BY EMAIL. TP AGREE ON 50/50. THE REPORT FOR MANDATE APPROVAL. REPORT DONE.		
16/10/18	SOME MANDATE APPROVAL TO OI.		
19/11/18	CTI APPROVED MANDATE.		
16/01/19	SEND 1st OFFER TO TP @ 80%.		
21/01/19	RECEIVED PT. TP ACCEPTED OFFER.		
PRELIMINARY ADVICE	Date/Time: 16/08/18 Sent By: VIC		
FINALIZATION	Date/Time: Confirm with:	Confirm by:	
Repair Cost: 46	S\$ 9,600.00 (6 days) Reduction: 51 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 17/11/19 Confirm with: CHK19	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia:	
Repair Cost: 49,600.00	S\$ 4,600.00	BOTH TURNING	
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU): 4,600.00	S\$ 2400.00 (\$ 60 x 8 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:	400.00
Total: 4 10,080.00	S\$ 5,040.00 Global Sum S\$: 5,040		
FINAL PAYMENT	Date/Time: Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 5,040.00 Name 1: HO BENG TRADING		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		