Sundari | CC 4/III1700 1339 , K1WB352 | LKK:
IDAC:

NS. CASE OWNER:

ASSIGNMENT

Surveyor: Falvin DOI: 19/1/17 Date / Time : 19/1/17
Registered in Merimen: 20/1/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4203P Claim No. : MVT17110661
Name of Insured : LTPL Policy No. : MCOM00016
Insured Tel No. : HP: Make / Model : HYUNDAI
Excess Sec II :S$ D.O.A : 17/1/17 Place of Accident : TOA PAYOH EAST CROSS TOA PAYOH LOR 6
Is driver the owner? (YES / NO) Nature of Accident :
If NO, Driver Name / Age : TPD SAW BEING DRIVER.
Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No

SEL 107H → → →

INSRS: Twin wheels Auto.
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
22/1/17	SEL107H - X SHD4203P - X
Vivian	
23/1/17	Seek liability via merimen
21/3/17	Receive video from III.
21/3/17	Seek 50% liability via merimen. TP Beat Red lit. OSD making a right turn without green arrow.
29/3/17	Liability approve 50% via merimen. III maintain 50%
19/7/17	TP Pass to lawyer
10/4/18	Seek mandate via merimen.
	RECEIVED 28 MAY 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: Confirm by:

FINALIZATION Date/Time: Confirm with: Email ☐ Call ☐
Repair Cost: S$ (days) Reduction: %

FINAL SETTLEMENT Date/Time: 27/4/18 Confirm with Christine. Email ☐ Call ☐
Final Liability % 50 (Agreed / Assessed) BOLA S/N No. : NIL. If NO or B 28, Ass. Lia :
Repair Cost: 19634.50 S$ 9817.25
Loss of Rental (LOR): S$ (days)
Loss of Use (LOU): 1200.00 S$ 600.00 ($ 100 x 12 days)
Loss of Income (LOI): S$ ($ x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]
GIA/LTA Search 5.35 S$ 5.35
Medical: S$ 1) Claim status: Normal/Reject/Private Settle
Disbursement: TOW 50.00 S$ 50.00 (e.g. Tow/ Independent) 2) Report Format: LTP
Legal Cost S$ 3) Survey fee: $ 450.00
Total: 20889.85 S$ 10472.60 **Global Sum S$:** 10475.00

COPY SENT 28/4/18 10/7/18

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐
Payee 1: S$ 10475.00 Name 1: Twin wheels Auto Trading Enterprise.
Payee 2: (Strike if N.A.) S$ Name 2:
Payee 3: (Strike if N.A.) S$ Name 3:

Charge Balance
$600.00 – $450.00
= $150.00