INS. CASE OWNER: CHEE HENG | CC 3 /AIG1800 4771 / R1 463 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 09/04/18 Date / Time: 13/3/18

Registered in Merimen: 13/3/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLN 36585 Claim No. : 0108WP20159

Name of Insured : LHO TAK FAY. Policy No. : 2100509607

Insured Tel No. : HP: 97660806 Make / Model : MAZDA

Excess Sec II :S$ D.O.A : 10/3/18 Place of Accident : SMP RD FROM PETIR RD TO UPP BT TIMAH RD

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

If NO. Driver Name / Age : OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : (V/L: (YES) / NO) Insured Liability : % **Final ? Yes / No**

SDN 8656J → → →

INSRS: WSP: Performance Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
15/3/18	SDN 8656J - F SLN 36585 - F
19/03/18 @ 12:05PM	- CALL OI. NO RESPONSE. FILE REVIEWED. OI REAR-ENDED TP. SEND LETTER & EMAIL TO OI.
	- EMAIL LIABILITY CLEAR
@5:50PM	- OI CALLED IN. CONFIRMED ACCIDENT DETAILS & REAR-ENDED TP. INFORMED TP CLEAR, AGREED TO SETTLE & ALLOW NCD LOSSES.
	- FINALISED.
	- ORIGINAL TP LOD IN
26/07/18	- CONFIRM AMOUNT SAME AS LOD.
	- 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:	19/03/18 - VIC

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: P/P S$ 3,620.80 (3 days) Reduction: 57 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 13/07/18 Confirm with CAROLINE Email [ ] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (OI REAR-ENDED TP)
Repair Cost: (W/GST)	S$ 3,874.26	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 300.00 (S$ 100 x 3 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only [ ] LOU only	[/] LOR + LOU [ ] LOR + LOI [ ] [Tick only one]	
GIA/LTA Search	S$ 2.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 4,176.26 Global Sum S$: —	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$	3,876.26	Name 1:	PERFORMANCE MOTORS LTD
Payee 2: (Strike if N.A.)	S$	300.00	Name 2:	JAMES MARIADASS
Payee 3: (Strike if N.A.)	S$	—	Name 3:	—