15/5/2010

INS. CASE OWNER: Cynthia	CC 4 ASM AXA1800 4876 M1 j663 9	LKK: IDAC:

ASSIGNMENT

Surveyor: Muf   DOI: 19/3/18   Date / Time : 14/3/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SFD 6704 L		Claim No. :	S8 MOOA12 / 34676
Name of Insured : CHUNG SOCK CHING		Policy No. :	VPA / P125975
Insured Tel No. :	HP:	Make / Model :	VOLKSWAGEN
Excess Sec II :S$	D.O.A : 9/3/18	Place of Accident :	NORTH CANAL RD TWDS MERCHANT RD
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age : WEE ENG PENG		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SDQ 2219 L → ______ → ______ → ______

INSRS: WSP: Tel : Liability : RMKS: — WEE Braddell	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
15/3/18	SDQ 2219L - P SFD 6704L - P	
JOY.	Kgmwedaim.	
16-3-18 @ 9:50	W/OI CONFIRMED ACC. AGREED & AWARE NCD ISSUE.	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	NA
Non-Reporting ltr (2nd):	NA
Non-Reporting ltr (Final):	NA
Notification ltr (if non-pickup):	NA
Call OI:	JOY 16-3-18
After call ltr to OI:	

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	X	
After call ltr to OI:	/	
Authorisation To Act:	/	
Release Voucher:	/	
Final Repair Bill:	/	
Car Rental Invoice:	/	
Towing Invoice	X	
LTA / GIA :	/	
Medical Bill:	X	
PIR:	X	
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:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 2-1-19	Confirm with CECILIA	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,594.02		COPY SENT
Loss of Rental (LOR) OK	S$ 1,123.50 (7 days) 150		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ X ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	**[Tick only one]**	
GIA/LTA Search	S$ 2.XX		
Medical:	S$ –		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –		3) Survey fee:
Total:	**S$** 5,719.52	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,719.52	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ X	Name 2:	X
Payee 3: (Strike if N.A.)	S$	Name 3:	