15/5/2010

INS. CASE OWNER: Priya | CC 6 / III18005169 / Kh P3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KENNETH | DOI: 19/03/18 | Date / Time: 19/03/18 | Registered in Merimen: 20/03/18

Pre-assign / CCU / FTE

Insured Vehicle No.: SHD 3005B		Claim No.: MCT18030554	
Name of Insured: CTPL		Policy No.: MCOM0015	
Insured Tel No.:	HP:	Make / Model: HYUNDAI I10	
Excess Sec II :S$	D.O.A: 17/03/18	Place of Accident: HOUGANG AVE 4 X JUNCTION SLIP RD TO AVE 8 TWDS AVE 2	
Is driver the owner? (YES / NO)	Nature of Accident:		
If NO, Driver Name / Age: PANG ENG HIN		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No.:	(V/L: YES / NO)	Insured Liability: %	Final ? Yes / No

SLS 7140R → ______ → ______ → ______

INSRS: WSP: massive Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
	SLS 7140R - X
	SHD 3005B } - CC3/AIG11011407/H1a2clk2 DOA: 12/06/14
	- NS/INC18003790/Klvbo2 DOA: 26/02/18
	* No estimate
21/03/18 (VIC)	- FINALISED
05/04/18	- FILE REVIEWED. OI REAR-ENDED TP. SEEK LIABILITY MANDATE.
	- II AGREED l/s.
10/04/18	- EMAIL LIABILITY CLEAR
31/05/18	- EMAIL FROM TP LOD.
	- TP LOD IN BY EMAIL
11/06/18	- TYPE REPORT FOR MANDATE
	- REPORT DONE.
20/06/18	- SEEK MANDATE VIA MERIMEN.
	- II APPROVED MANDATE.
21/06/18	- SEND ACCEPTANCE EMAIL TO TP.
	- ORIG. DOCS IN. ALL 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:	VIC
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: L/S	S$ 4,650.00 (3 days)	Reduction: 39 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 21/06/18	Confirm with ANTHONY	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:	S$ 4,650.00		
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 250.00 (S 50 x 5 days)		
Loss of Income (LOI):	S$ — (S x days)		
LOR only [ ]	LOU only ✓	LOR + LOU [ ] LOR + LO [ ] [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: $350.00
Total:	**S$** 4,900.00	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email [ ] Call [ ]
Payee 1:	S$ 4,900.00	Name 1: MASSIVE TRADING & AUTO	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	