15/5/2010

INS. CASE OWNER:

CC 3 /CTI1800 5572/D 463

LKK:

IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 22/3/18 Date / Time : 23/3/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	SBU 9689U	Claim No. :	GNM18D01558C02
Name of Insured :	CHAN MHATT CHEW	Policy No. :	DMPCSN15501311202
Insured Tel No. :	HP: 94560888	Make / Model :	BMW
Excess Sec II :S$	D.O.A : 22/3/18	Place of Accident :	AYE TWDS CITY CAMP POST 422
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

SLK 8822S → SBU 9689U → SHL 3316J →

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: 01	INSRS: UGE WSP: W/S Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
27/3/18 VIC	SHL3316J - CS/EA18009981 Endorsement - 17/1/18
	SBU 9689U - X
	- FINALISED.
17/04/18 @ 11:00AM	- SPOKE TO OI. CONFIRMED ACCIDENT DETAILS & WAS INVOLVED IN 3 VEH. C.C. & WAS THE 2ND CAR. INFORMED TP & CLAIM & NCP, AGREED TO SETTLE & AWARE NCD ISSUES. SEND LETTER & EMAIL.
	- ORIGINAL TP LOD IN.
17/04/18	- SEND 1ST OFFER TO TP.
	- FOLLOW DBS MANDATE.
	-
30/04/18	- ORIG. SIGNED DV IN. TP ACCEPTED OFFER.
	- ALL DOCS IN.
	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	17/04/18 - VIC
After call ltr to OI:	17/04/18 - 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: 26/3/18 Sent By: [signature]

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 800.00 (2 days)	Reduction: 61 %	Email Call
FINAL SETTLEMENT	Date/Time: 24/04/18	Confirm with WILLIAM	Email ✓ Call
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0% (3 VEH. C.C., OI 2ND)
Repair Cost: (w/GST)	S$ 856.00		
Loss of Rental (LOR):	S$ 343.88 (3.5 days) x $98.25		
Loss of Use (LOU):	S$ 175.00 ($ 50 x 3.5 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [Tick only one]		
GIA/LTA Search	S$ 7.49		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $400.00
Total:	**S$** 1,382.37	**Global Sum S$:** 1,380.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$ 1,380.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	