

INS. CASE OWNER:

CC 4 / EQ1180 06334, Ti has

LKK: IDAC:

ASSIGNMENT

Surveyor:

TAUPTKH

DOI:

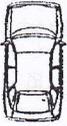
20/04/18

Date / Time:

5/4/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 3920R

Claim No. :

Name of Insured : YEO BEN HUI

Policy No. : DMPP1818-000408

Insured Tel No. : HP: 91773274

Make / Model : Subaru Impreza

Excess Sec II :\$\$ D.O.A : 41418

Place of Accident : Farren Rd > Aye

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

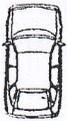
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

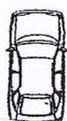
EW 2244 U



INSRS: WSP: Tel: Liability: RMKS:



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Date / Time	STAGE	DATE / PIC
6/4/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
09/04/18	Notification ltr (if non-pickup):	
	Call OI:	10/04/18 - DIC
	After call ltr to OI:	
10/04/18 @ 1:52PM	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher: NO BY	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 07/06/18 Sent By: bs

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P \$5,708.18 (3 days) Reduction: 22% Email Call

FINAL SETTLEMENT Date/Time: 08/07/18 Confirm with: M/L YIK 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/loss) \$3,967.75

Loss of Rental (LOR) (w/loss) \$428.00 (4 days) x \$100.00

Loss of Use (LOU): \$- (S x days)

Loss of Income (LOI): \$- (S x days)

LOR only [x] LOU only [] LOR + LOU [] LOR + LO [] [Tick only one]

GIA/LTA Search \$2.00

Medical: \$-

Disbursement: \$- (e.g. Tow/ Independent)

Legal Cost \$-

Total: \$4,397.75 Global Sum \$\$: -

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$4,397.75 Name 1: CYCLES & CARTRIDGE INDUSTRIES PTE LTD

Payee 2: (Strike if N.A.) \$- Name 2: -

Payee 3: (Strike if N.A.) \$- Name 3: -