15/5/2010

INS. CASE OWNER: CC 4/1111800 6388 , Khaz 9r

LKK:

IDAC:

ASSIGNMENT

Surveyor: KSL DOI: 10.4.18 Date / Time : 5/4/18

Registered in Merimen: 6/4/2018

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHA2243C	Claim No. :	MCT18030988
Name of Insured :	CPPL	Policy No. :	MCOMO07
Insured Tel No. :	HP:	Make / Model :	H.140
Excess Sec II :S$	D.O.A : 30/3/2018	Place of Accident :	Mandai Lane

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

If **NO**, Driver Name / Age : BOH AH TAH

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

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

Insured Liability : % **Final ? Yes / No**

SLG1935S → → →

INSRS: WSP: City Auto. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLG1935S - X ;
18/4	SHA2243C - CS/1111/2015/7720/Rlgn ; DOA = 7/8/17
19/04/18	- PHOTO REVIEWED. OWN HIT PARKED TP. SEEK LIABILITY MANDATE.
	- III AGREED D/S
	- FINALISED.
	- TP LOD IN BY EMAIL/MERIMEN
25/04/18	- TYPE REPORT FOR MANDATE APPROVAL.
	- REPORT DONE
17/05/18	- SEEK MANDATE BY MERIMEN
	- III APPROVED MANDATE.
18/05/18	- SEND 1ST OFFER TO TP
31/05/18	- RECEIVED ORIG. DV. TP ACCEPTED OFFER.
	- ALL IN ORDER.
	- TO CROSS.

RECEIVED 02 MAY 2018

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: P/P	S$ 2,948.92 (3 days)	Reduction: 15 %	Email Call
FINAL SETTLEMENT	Date/Time: 23/05/18	Confirm with VRONICA	Email ✓ Call
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : OWN HIT STATIONARY TP)
Repair Cost: (W/GST)	S$ 3,155.34		
Loss of Rental (LOR):	S$ 300.00 (3 days) X $100		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ✓	LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[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$ 3,455.34	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$ 3,455.34	Name 1: CITY AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	