15/5/2010

INS. CASE OWNER:

CC 6/CTI1800 6607, Ueb3n2

LKK:

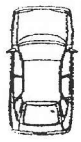
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 10/4/18 Date / Time : 10/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GT 3944

Name of Insured : SEROW - MRE ENGINEERING

Insured Tel No. : HP: P1L

Excess Sec II :S$ D.O.A : 6/4/18

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

If NO. Driver Name / Age : GOH SWEE HUAT

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

Claim No. : SWM1800187OLOR

Policy No. : DM CVSW1748247700

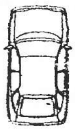
Make / Model : TOYOTA

Place of Accident : UM THU KAMAT CHINESE CEMETERY CP

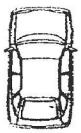
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

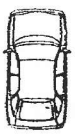
SDR 9888D →



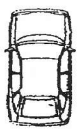
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
13/4/18 PM/LV	SDR 9888D - X GT 3944 - X
13/04/18 @ 11.05	CALLED OID COMPANY CONFIRMED ACCIDENT. OID REVERSED INTO THE PARKING LOT HIT TP. INFORM TP CLAIM AGREED TO SETTLE AND AWARE ABOUT NCD ISSUE.
	EMAIL WSP LIABILITY CLEAR. RECEIVED 6 JUN 2018
6.6.18	FILE PASS TO TYPIST TO PREPARE PRE REPORT.
	RECEIVED 31 JUL 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	> EMAIL 26.4.18
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: CKS

Repair Cost: ~~4S~~ S$ 3,000 (4 days) Reduction: 5% Email ✓ Call

FINAL SETTLEMENT Date/Time: 13.7.18 Confirm with JUNE Email ✓ Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,000.00	OID REVERSED HIT TP
Loss of Rental (LOR):	S$ 300 (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$ 7.45	
Medical:	S$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $400
Total:	**S$ 3,307.45** **Global Sum S$:**	

COPY SENT 11/7/18

FINAL PAYMENT Date/Time: 13.7.18 Confirm with: JUNE Email ✓ Call

Payee 1:	S$ 3,307.45	Name 1:	HUA MENG SPRAY PAINTING WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	