15/5/2010

DS. CASE OWNER: SHERINI | CC 3 / III1800 6738 , A ha3 Cv | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 23/04/18 Date / Time: 11-4-18

Registered in Merimen: 11-4-18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 6502M

Name of Insured : UPL

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 7/4/18

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

If NO, Driver Name / Age : Lee Bee Eng

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

Claim No. : MOT1800403I7

Policy No. : MCOMMH

Make / Model : H.140

Place of Accident : PIE 7 CHANGI

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

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

SLV 7575D →

INSRS: WSP: Chr UPI Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
13/4 VC	SLV7575D - X ; SHD 6502M - X
15/04/18	- PLUS REVIEWED. OLD REAR-ENDED TP. - GOOGLE LIABILITY MANDATE. - III AGREED P/G
18/04/18	- EMAIL LIABILITY CLOSE - FINALISED - TP LOD IN BY EMAIL
18/07/18	- TYPED REPORT FOR MANDATE APPROVAL - REPORT DONE.
07/08/18	- SENT MANDATE TO III - III APPROVED MANDATE
08/08/18	- CONFIRMED AMOUNT ALIGN TO LOD. - ALL DOCS IN ORDER. - TO CLOSE.

RECEIVED 20 JUL 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	VC
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$ 3,954.90 (4 days) Reduction: 49 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/08/18 Confirm with MARG UOR Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27
Repair Cost: (W/GST)	S$ 4,231.74	If NO or B 28, Ass. Lia : COID REAR-ENDED TP
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 240.00 ($ 60 x 4 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: $350.00
Total:	S$ 4,471.74 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 4,471.74	Name 1:	CYCLE & CARRIAGE: PULCO MOTOR DEALER PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—