15/5/2010

INS. CASE OWNER: CC3 /[illegible] 6796, T1 W639

LKK:

IDAC:

ASSIGNMENT

Surveyor: Tantrah. DOI: 11/4/18

Date / Time: 17/4/18

Registered in Merimen: 17/4/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHD 3071J	Claim No. :	MIT1804077
Name of Insured :	LYPL	Policy No. :	MLOM0015
Insured Tel No. :	HP:	Make / Model :	HYUNDAI
Excess Sec II :S$	D.O.A : 10/4/18	Place of Accident :	YEW TEE RD TWDS HORNE

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

If NO, Driver Name / Age : MI BERMI

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

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

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

SFS 906R →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: performance	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
16/4/18	SFS906R - T SHD3071J - V
[illegible]	
16/4/18	Seek liability via merimen
17/4/18	liability clear via merimen
	email workshop liability clear
23/7/18	File pass to typist type report
16/8/18	Seek mandate via merimen
20/8/18	Mandate approve via Merimen

RECEIVED 2 4 AUG 2018

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

Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time:

Repair Cost: S$ (days) %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/8/18 Confirm with: Caroline

If NO or B 28, Ass. Lia :

Final Liability:	% 100 (Agreed / Assessed) 9	
Repair Cost:	S$ 10 328 . 18	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 500.00 ($ 100 x 5 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐		
GIA/LTA Search	S$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$	3) Survey fee:
Legal Cost	S$	
Total:	S$ 10828.18	Email ☐ Call ☐

COPY SENT 21/8/18

FINAL PAYMENT Date/Time:

Payee 1:	S$ 10828.18	Name 1: Performance Motors Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: