15/5/2010

| INS. CASE OWNER: Bennie | CC 4, AIG 1800 7139, Tyja3 | LKK: |
| | | IDAC: |

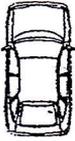**ASSIGNMENT**

Surveyor: Taufich   DOI: 16-04-18   Date / Time: 16-04-18

Registered in Merimen: 17-04-18

Pre-assign / CCU / FTE

Insured Vehicle No. : SCB1743E   Claim No. : 55 535175266G

Name of Insured : JAYAKUMAR GANAPATHI   Policy No. : 2100458285

Insured Tel No. :   HP: 98288909   Make / Model : Lexus

Excess Sec II :S$ D.O.A: 25/03/2018   Place of Accident : Tessensohn Rd

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

If NO, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
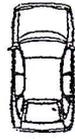
Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   Final ? Yes / No

SJK 34817 →   →   →
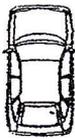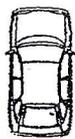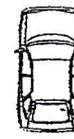
INSRS:	INSRS:	INSRS:	INSRS:
WSP: SE Auto.	WSP:	WSP:	WSP:
Tel : (1 Soon Lee).	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
1914 CHT	SJK 34817 - X ; SCB1743E - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
19/4/18 @ 1:54pm	Called OI, Mr Jayakumar. Not pick up.	Call OI: ___ on 19/4/18	
@ 3:30pm	Called OI. Not pick up.	After call ltr to OI:	
	- Sent letter to OI.	**Documentation Check List:** Handler Typist	
		Notification ltr (if non-pickup) ☐ ☐	
27/4/18	- File pass to Taufich to finalise	After call ltr to OI: ☑ ☐	
		Authorisation To Act: ☑ ☐	
	- FINALISED	Release Voucher: ☑ ☐	
	- TP LOD IN BY EMAIL	Final Repair Bill: ☑ ☐	
		Car Rental Invoice: ☐ ☐	
26/07/19	- SEND 1ST OFFER TO TP	Towing Invoice: ☐ ☐	
	- TP ACCEPTED OFFER.	LTA / GIA : ☑ ☐	
	- ALL DOCS IN ORDER.	Medical Bill: ☐ ☐	
	- TO CLOSE.	PIR: ☐ ☐	
		Mandate/Reject Instruction: ☐ ☐	
		LOD ☑ ☐	
		Payment Breakdown Form: ☐ ☐	

| PRELIMINARY ADVICE | Date/Time: | Sent By: | Post-Repair Photos: ☐ ☐ |
| | | | Others: ☐ ☐ |

FINALIZATION   Date/Time: Confirm with: Confirm by:

Repair Cost: L/S   S$ 3,500.00 (6 days) Reduction: 75 %   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: 26/07/19 Confirm with: JULIE   Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL.	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 3,745.00	(OI EXITING BUILDING)
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 360.00 $60 x 6 days	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 2.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 4,107.00 Global Sum S$: —	

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

Payee 1:	S$ 4,107.00	Name 1: SK AUTOMOBILE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —