15/5/2010

INS. CASE OWNER: CC 6, AIG 1800 7144, Aha3

LKK:
IDAC:

ASSIGNMENT

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

Registered in Merimen: 17-04-18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKD 8614 A | Claim No. : 1800005176

Name of Insured : CHAN CHOI FOONG | Policy No. :

Insured Tel No. : HP: | Make / Model : M-Benz C180

Excess Sec II :S$ D.O.A: 09-04-18 | Place of Accident : Serangoon Ave 2

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**

SJG 5781R → → →

INSRS: WSP: U2 Spray Painting. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
19/4 MC	SJG5781R - X;
	SKD8614A-MA/AIG16019902/H4 ; DOI: 18/10/16
	- FINALISED
	- CONFIRM W/ OI IF HE WAS THE FRONT OR BEHIND VEHICLE.
26/4/2018 12.55pm pohkin	- Spoke to OI (Ms Chan) at 9828 0611, OI confirmed the accident statement. Informed her about the TP claim and NCD issue. OI agreed and aware the NCD issue. will letter to OI together with Addendum document.
	- TP LOD IN BY EMAIL
09/05/18	- SEND 1ST OFFER TO TP.
	- TP ACCEPTED OFFER.
	- ALL DOCS IN ORDER.
	- TO CLOSE.

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:	26/4/2018

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: UG S$ 3,800.00 (6 days) Reduction: 56 % Email Call

FINAL SETTLEMENT	Date/Time: 09/05/18 Confirm with CHRIS	Email ✓ Call
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,500.00	C01 (REAR-ENDED TP)
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 420.00 ($ 60 x 7 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: $320.00
Total:	S$ 3,920.00 **Global Sum S$:** 3,900.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$ 3,900.00	Name 1:	U2 SPRAY PAINTING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	