15/5/2010

INS. CASE OWNER: | CC 3 /EQI1800 7157 / T1463 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Toufiqh. DOI: 5/6/18 Date / Time : 18/4/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SKB 3126K

Name of Insured : WAN CHONG CHUEW PATRICK

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 11/4/18

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

If NO, Driver Name / Age : GOH BOON BOON

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

Claim No. : DM18K00011-79

Policy No. : DMPPHR 18-002670.

Make / Model : SUZUKI

Place of Accident : B3 CP OF TAN TOCK SENG HOSPITAL.

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

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

SBZ 8128C →

INSRS:
WSP:
Tel :
Liability : performance
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
23/5/18 vivian	SBZ 8128C ✱ SKB 3126K — ✱
	Receive TP video
25/5/18	Called OID, Mdm Goh. Confirm accident details. inform TP claim. inform OID that TP got CCTV. agree to settle. letter snd out
	Email workshop liability clear.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	25/5/18 Vivian. Chn
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: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18/9/18 Confirm with Caroline Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : ✱ Assignment copy total Amount
Repair Cost:	S$ 2274.77	COPY SENT
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 300.00 ($ 100 x 3 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:
Total:	**S$** 2576.77 **Global Sum S$:**	

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

Payee 1:	S$ 2576.77	Name 1: Performance Motors Ltd.
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: