15/5/2010

INS. CASE OWNER: GERALD | CC4/LPC1800 7188, M2 W/I | LKK: IDAC:

ASSIGNMENT

Surveyor: MCF DOI: 18/4/18 Date / Time : 18/4/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SCX 1308H Claim No. : 17/18/18/MP05/ 020551

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 16/4/18 Place of Accident :

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**

SJP 5630X → → →

INSRS: WSP: Tel : Liability : RMKS: Kum Chew. | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJP5630X – X SCX1308H – X

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: MCF

Repair Cost: L/S S$ 6,250.00 (9 days) Reduction: 73 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 30.04.21 Confirm with MDM LIM Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 6,687.50 OI REAR ENDED TP

Loss of Rental (LOR): S$ 1,920.00 (12 days) X $160

Loss of Use (LOU): S$ - ($ x 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/[redacted]

Disbursement: S$ - (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost S$ - 3) Survey fee: $450

Total: **S$** 8,607.00 **Global Sum S$:** 8,600.00

FINAL PAYMENT Date/Time: 30.04.21 Confirm with: MDM LIM Email ☐ Call ☐

Payee 1:	S$ 8,600.00	Name 1:	KUM CHEW MOTOR WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	