15/5/2010

INS. CASE OWNER: AIDA | CC 4/1111800 9010 /R1 ha3 9 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 24/05/18 Date / Time : 15/5/18

Registered in Merimen: 17/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHA 4241 U	Claim No. :	MCT18050259
Name of Insured :	[illegible]	Policy No. :	M10M001
Insured Tel No. : HP:		Make / Model :	H 140
Excess Sec II :S$ D.O.A :	11/5/18	Place of Accident :	Marine View

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

If **NO**, Driver Name / Age : Chen Yen Man

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

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

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

GBG 1034K → → →

INSRS: WSP: TC Autoclinic Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
7/5	GBG 1034K, X;
Joy	SHA 4241U, MS/NCI100 66631141 fr1 ; DOA: 7/4/2011
8-8-18	3PM W/ SHAWN OF TC, CLIENT DID NOT SEND FOR REPAIR YET.
	- MANDATE APPROVED
	- CONFIRMED AMOUNT SAME AS LOD
03/08/19	- ORIG. DV IN. ALL DOCS IN ORDER.
	- TO CLOSE.
	LOD IN. FOR MANDATE

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

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	X	
After call ltr to OI:	X	
Authorisation To Act:	/	
Release Voucher:	/	
Final Repair Bill:	/	
Car Rental Invoice:	/	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	/	
LOD	/	
Payment Breakdown Form:		
Post-Repair Photos:		
Others: GRAB RECEIPTS	/	

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: T/P S$ 3,997.40 (6 days) Reduction: 42 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 31/07/19 Confirm with SHAWN Email [/] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost: CW/GST	S$ 4 277 . 22	
Loss of Rental (LOR):	S$ 190 (2 days) 95	OID FROM MINOR
Loss of Use (LOU):	S$ ($ x days)	ROAD.
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$ 125 GRAB FARE (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee: $300.00
Total:	S$ 4,592.22 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 4,592.22	Name 1:	TC AUTOCLINIC PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—