15/5/2010

INS. CASE OWNER: SHAWN | CC 7/AIG1800 9709 / F1464 | LKK: IDAC:

ASSIGNMENT

Surveyor: Calvin   DOI: 21/5/18   Date / Time : 21/5/18

Registered in Merimen: 22/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SGF 579.	Claim No. :	9687032435989
Name of Insured :	TAN AH HOCK	Policy No. :	17VUUV2329.
Insured Tel No. :	HP: 96751630	Make / Model :	MITSUBISHI
Excess Sec II :S$	D.O.A : 18/5/18	Place of Accident :	TRAFFIC JUNC AT SIMS AVE
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**

SH6746A → → →

INSRS: WSP: LOTE Tel : Liability : WG RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
21/5/18	SH 6746A – N5/IMC18107467/FL9602008 – 21/4/18
	SGF 579 – X
VIC	- FINALISED.
25/05/18 @ 10:07PM	- SPOKE TO OI (MANDARIN SPEAKING), WITH HIS GF ON THE LINE. OI CONFIRMED ACCIDENT DETAILS & REAR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE & AWARE NCD ISSUES. SEND LETTER TO OI.
	- ORIGINAL TP LOD IN
05/06/18	- 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:	25/05/18 - VIC
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: P/P	S$ 1,200.48 (2 days)	Reduction: 54 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 05/06/18	Confirm with CECILIA	Email [✓] Call [ ]
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 1,284.51		COI REAR-ENDED TP)
Loss of Rental (LOR):	S$ 234.00 (2 days) x $117.00		
Loss of Use (LOU):	S$ 100.00 ($50 x 2 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only [ ] LOU only [ ]	LOR + LOU [ ]	LOR + LOI [✓] **[Tick only one]**	
GIA/LTA Search	S$ 7.49		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	**S$** 1,626.00	**Global Sum S$:** 1,620.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email [ ] Call [ ]
Payee 1:	S$ 1,620.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—