15/5/2010

INS. CASE OWNER: NATALIE | CC 6/III1800 9390, A4639 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 22/5/18 Date / Time : 22/5/18

Registered in Merimen: 22/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SMD6614Z	Claim No. :	MOT18050541
Name of Insured :	CTPL	Policy No. :	MZOMO015
Insured Tel No. :	HP:	Make / Model :	Hyundai
Excess Sec II :S$	D.O.A : 20/5/18	Place of Accident :	SIMEI AVE TWDS TAMPINES lamp post 29.
Is driver the owner? (YES / NO)		Nature of Accident :	
If **NO**, Driver Name / Age : TAIB B ALI		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SKP7607P → →

INSRS: WSP: Tel : aln. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SKP7607P - 4 SMD6614Z - 4	
24/5/18 Revan		
24/5/2018	See mandate for liability.	
	- III agreed 1/6	
22/06/18	- Email liability clear	
	- Finalised	
	- TP LOG IN BY EMAIL	
16/08/18	- TYPE REPORT FOR MANDATE APPROVAL	
	- REPORT DONE.	
28/08/18	- SEEK MANDATE TO III BY MERIMEN	
29/08/18	- III APPROVED MANDATE.	
30/08/18	- SEND ACCEPTANCE EMAIL TO TP.	
10/09/18	- RECEIVED ORIG. DV.	
	- 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:	

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: LIS S$ 3,850.00 (3 days) Reduction: 60 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 10/09/18 Confirm with CHRIS	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : Old ver eu ala 70
Repair Cost: (w/GST)	S$ 4,119.50	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 400.00 ($ 100 x 4 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: $350.00
Total:	**S$** 4,519.50 **Global Sum S$:** —	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1:	S$ 4,519.50	Name 1:	ZEN WERKZ LLP	
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—	
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—	