15/5/2010

INS. CASE OWNER: Natalie | CC 4 / III180 10147, K ha39 | LKK: IDAC:

ASSIGNMENT

Surveyor: KSC DOI: 5/6/18 Date / Time: 4/6/18
Registered in Merimen: 5/6/18

Pre-assign / CCU / FTE

Insured Vehicle No.:	SHC 8434 T	Claim No.:	MCT 18060036
Name of Insured:	CTPL	Policy No.:	Mumnoy
Insured Tel No.:	HP:	Make / Model:	H. 140
Excess Sec II :S$	D.O.A: 1/6/2018	Place of Accident:	Upper S'goon Rd

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

If **NO**, Driver Name / Age: TAN CHUAN HENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.: 91470013 (V/L: YES / NO) Insured Liability: % **Final ? Yes / No**

SJQ 662 G → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: City Auto.	WSP:	WSP:	WSP:
Tel:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
1/7/h	SJQ 662 G. X.
WC	SHC 8434 T. N/CTU 800/3022/v3 ; DOA: 21/6/18
	— CSI/Tm/1701664/K19bn7 ; DOA: 27/8/17
27/06/18	- FILE REVIEWED. OID REAR-ENDED TP.
	SEEK LIABILITY MANDATE TO III.
	- III AGREED R/S
	- EMAIL LIABILITY CLEAR
	- FINALIZED
	- TP LOD IN BY EMAIL
21/12/18	- TYPE REPORT FOR MANDATE APPROVAL.
	- REPORT DONE.
15/01/19	- SEEK MANDATE TO III BY MERIMEN
	- III APPROVED MANDATE
21/01/19	- SEND 1ST OFFER TO TP.
07/02/19	- RECEIVED ORIG. DV. 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:	
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: L/G S$ 1,600.00 (4 days) Reduction: 61 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/01/19 Confirm with VERONICA Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 27	If NO or B 28, Ass. Lia:
Repair Cost: (w/ GST)	S$ 1,712.00	COMP (REAR-ENDED TP)
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 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 [Normal circled]
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $350.00
Total:	**S$** 2,012.00 **Global Sum S$:** —	

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

Payee 1:	S$ 2,012.00	Name 1: CITY AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: