15/5/2010

INS. CASE OWNER: | CC 3 /EQI1801 0154 / FI 6/163 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kelvin   DOI: 4/6/18   Date / Time : 4/6/18

Registered in Merimen: ✓

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 2125A   Claim No. : DM18H0017384/07

Name of Insured : CS GRAPHIC SERVICE   Policy No. : DMCPH017-000070.

Insured Tel No. :   HP: Make / Model : NISSAN

Excess Sec II :S$ D.O.A : 1/6/18   Place of Accident : NEW UPP CHANGI RD

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

If NO, Driver Name / Age : CHIAN SING FU.   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHB 4207P ⟶ ⟶ ⟶

INSRS: WSP: Tel : Liability : RMKS: (code w) | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			
	SHB4207P-X GBG2125A-X		
27/7/18 11H	- FINALISED - ORIGINAL TP LOD IN		
11/4/19 @ 10.42am	OID Mandarin speaking. Spoke to OID (Mr Chian), confirmed rear-ended TP vehicle with minor impact. informed TP claim and HCD issue. They agree to settle and aware HCD will be affected. Send letter to OI		
11/04/19	- UPLOADED PA. - SEND 1ST OFFER TO TP. - TP ACCEPTED OFFER. NO 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:	11/4/2019 FK
After call ltr to OI:	KN

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:	✓	
Authorisation To Act:	✓	
Release Voucher: NO DV		
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: 11/04/19   Sent By: VIC

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 300.00 (2 days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/04/19	Confirm with SIM	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost (W/GST)	S$ 321.00		COND REAR-ENDED TP)
Loss of Rental (LOR):	S$ 172.50 (1.5 days) X $115.00		
Loss of Use (LOU):	S$ 75.00 (S$ 50 x 1.5 days)		
Loss of Income (LOI):	S$ — (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: $100.00
Total:	**S$** 575.99	**Global Sum S$:** 575.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 575.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	