15/5/2010

INS. CASE OWNER: | CC 6 /EQI1801 0156, AHB | LKK: | IDAC:

ASSIGNMENT

Surveyor: Adrian | DOI: 4/6/18 | Date / Time : 4/6/18 | Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	YP 4395D	Claim No. :	
Name of Insured :	FIAT SENG ENGINEERING.	Policy No. :	DM LPHA 17-015318.
Insured Tel No. :	HP:	Make / Model :	18424.
Excess Sec II :S$	D.O.A : 7/6/18	Place of Accident :	BOON LAY PLACE OPEN SPACE CP
Is driver the owner?	(YES / NO) Nature of Accident :	OI GIA REPORT: YES / NO	TP GIA REPORT: YES / NO
If **NO**. Driver Name / Age : HUA TECK CHAI		Insured Liability : %	**Final ? Yes / No**
Driver Tel No. :	(V/L: YES / NO)		

SLX 9203D →

INSRS: WSP: Fastech Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
8/6/18	SLX9203D / YP4395D } NA/altg180064494 DOA 7/6/18
VIC	- FINALISED.
13/07/18 @ 10:19AM	- SPOKE TO OI PIC MR HO. HE CONFIRMED ACCIDENT DETAILS & OIV HIT TP WHILE REVERSING. INFORMED TP CLAIM, AGREED TO SETTLE & ACCEPT NCD ISSUES. SEND LETTER & EMAIL TO OI.
	- EMAIL LIABILITY CLEAR
	- ORIGINAL TP LOD IN.
31/07/18	- EMAIL TO EQ TO SUBMIT WP REPORT AS REQUESTED.
	- TO CLOSE.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	13/07/18 - 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: NO RV	✓	
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: 13/07/18 Sent By: VIC

FINALIZATION Date/Time: Confirm with: Confirm by:
Repair Cost: L/S S$ 4,400.00 (4 days) Reduction: 41 % Email [ ] Call [ ]

FINAL SETTLEMENT	Date/Time: Confirm with JASON	Email ✓ Call [ ]
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28. Ass. Lia : COLP REVERSED & HIT TP)
Repair Cost: (W/GST)	S$ ~~4,708.00~~	
Loss of Rental (LOR):	S$ — (days)	NO SETTLEMENT WP REPORT
Loss of Use (LOU):	S$ ~~240.00(S60~~ x 4 days)	
Loss of Income (LOI):	S$ — (S x days)	
LOR only [ ] LOU only [ ]	LOR + LOU [ ] LOR + LO [ ] **[Tick only one]**	
GIA/LTA Search	S$ ~~2.00~~	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ —	3) Survey fee: $230.00
Total:	S$ ~~4,950.00~~ **Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email [ ] Call [ ]
Payee 1:	S$ —	Name 1:	~~FASTECH AUTO PTE LTD.~~
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—