15/5/2010

INS. CASE OWNER: JUSTIN | CC 4/EQI1801 0157, Kh63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 5/6/18 Date / Time : 5/6/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBE 4739B Claim No. : DM18H001420/JW

Name of Insured : A. SQUARED EXPRESS Policy No. : DMI/MA17-006873.

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

Excess Sec II :S$ D.O.A : 4/6/18 Place of Accident : Slip Rd from AYE Rmp to AYE

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

If **NO**, Driver Name / Age : AW NIAN LAI ANDREW [HUMMER] ANDREW OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

GY 31431

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : CT	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GY31431-Y GBE4739B-Y
8/6/18 vic	
18/07/18 @ 5:07PM	- SPOKE TO OLD. HE CONFIRMED ACCIDENT DETAILS & REAR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE & AWARE NCD ISSUES. SEND LETTER & EMAIL TO OI. - FINALIZED. - TP LOD IN BY EMAIL.
20/08/18	- SEND 1ST OFFER TO TP.
21/08/18	- TP ACCEPTED OFFER. NO EV REQUIRED. - 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:	18/07/18 - VIC

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:	/	
Authorisation To Act:	/	
Release Voucher: NO EV		
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: 06/06/18 Sent By: BS

FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S	S$ 2,500.00 (5 days)	Reduction: 76 %	Email [ ]	Call [ ]
FINAL SETTLEMENT	Date/Time: 21/08/18	Confirm with EMBEDDED	Email /	Call [ ]
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28. Ass. Lia :	
Repair Cost: (w/GST)	S$ 2,675.00		COLD REAR-ENDED TP	
Loss of Rental (LOR):	S$ 700.00 (7 days)	X $100.00		
Loss of Use (LOU):	S$ — ($ x days)			
Loss of Income (LOI):	S$ — ($ x days)			
LOR only / LOU only [ ]	LOR + LOU [ ]	LOR + LO [ ] [Tick only one]		
GIA/LTA Search	S$ 7.45			
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S$ —		3) Survey fee:	$400.00
Total:	S$ 3,382.45	**Global Sum S$:** —		

FINAL PAYMENT	Date/Time:	Confirm with:	Email [ ]	Call [ ]
Payee 1:	S$ 3,382.45	Name 1:	CT AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—	
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—	