15/5/2010

INS. CASE OWNER: CC 3/AIG1801 0677, [illegible]

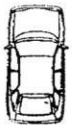
LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 11/6/18 Date / Time : 11/6/18

Registered in Merimen: 11/6/18

Pre-assign / CCU / FTE



Insured Vehicle No. : GX 2750X Claim No. : 0486NE0585563

Name of Insured : EXTRA UNIQUE INTERIOR & TRADING Policy No. : NOV1943885-08

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

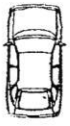
Excess Sec II :S$ D.O.A : 6/6/18 Place of Accident : DEPH LANE 3 CP

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

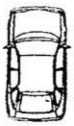
If **NO**. Driver Name / Age : WOMAN VERY MUCH. OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

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

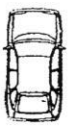
SHB9789T → → →



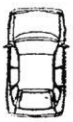
INSRS:
WSP:
Tel :
Liability :
RMKS: TRANS CAB.



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
18/6/18 WITHIN.	SHB9789T-X GX 2750X-X Spoke to OI, OID dispute on liability as he mention his vehicle were stationary and door was opened. Driver not in car but at somewhere nearby collect something and TP collided to his stationary vehicle
10-09-19	BOTH PARTIES ARE TO SHARE LIABILITY 50% EACH (SEE MY COMMENTS) BUT BASE ON DAMAGE PROFILE T/P LIKELY HIT ON TO O/I STATIONARY PICK UP WITH FRONT DOOR OPENED AJAR.

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: S$ 8100.00 (6 days) Reduction: 79 % Email ☐ Call ☐

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

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28. Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
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$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: W?
Legal Cost	S$	3) Survey fee: $320
Total:	**S$** **Global Sum S$:**	

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

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	