15/5/2010

INS. CASE OWNER: CC 6 /CTI1801 1217 / Ap639 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 19/6/18 Date / Time : 19/6/18

Registered in Merimen: ✓

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV 2850S Claim No. : SWM18D02711/00

Name of Insured : TOW WEIYA JASON. Policy No. : DMPCSW300688180D

Insured Tel No. : HP: 96427628 Make / Model : MERCEDES.

Excess Sec II :S$ D.O.A : 28/4/18 Place of Accident : SIMS AVE

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

If NO, Driver Name / Age : OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

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

SJU2429D → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Kang	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SJU2429D – 4 SLV2850S – 4
27/6/18 LHT	
8/8/18 @ 4.13pm	Called OI, Mr Jason. He's oversea. To call back next Monday.
21/8/18 @ 3.20pm	Called OI, Mr Jason. Confirm accident. His vehicle had completed. He got witness, police did not take down witness statement. No PIR. He claim TP SJU 2341K but no outcome.
29/5/19	– FR → type mandate.
	– REPORT DONE
06/06/19	– SEEK MANDATE TO OI
	– OI APPROVED MANDATE.
07/06/19	– SEND 1ST OFFER TO TP.
11/06/19	– TP ACCEPTED OFFER.
13/06/19	– RECEIVED ORIG. DOCS. ALL IN ORDER.

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: - AGAINST OI	✓	
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: HG S$ 14,000.00 (9 days) Reduction: 49 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/06/19 Confirm with SHARON Email ☑ Call ☐

Final Liability:	% 100 ((Agreed) / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : (OI CHARGED PER PIR)
Repair Cost: (W/GST)	S$ 14,980.00	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 800.00 ($ 80 x 10 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 31.00	
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$ 15,811.00 **Global Sum S$:** 15,800.00	

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

Payee 1:	S$ 15,800.00	Name 1:	KANG CAR REPAIRERS PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—