15/5/2010

INS. CASE OWNER: CC 4/III1801 1273, F 2632 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KSC DOI: 16/6/18 Date / Time: 21/6/18

Registered in Merimen: 21/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 9041S | Claim No. : MCT1806008 61

Name of Insured : CTPL | Policy No. : MCLOMO015

Insured Tel No. : HP: | Make / Model : Hyundai

Excess Sec II :S$ D.O.A : 16/6/18 | Place of Accident : UPP THOMSON RD

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

If **NO**, Driver Name / Age : TAN POH HUYE (V/L: (YES) / NO)

Driver Tel No. :

OI GIA REPORT: (YES) / NO : TP GIA REPORT: (YES) / NO

Insured Liability : % **Final ? Yes / No**

SGF 9309L →

Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
INSRS:	INSRS:	INSRS:	INSRS:
WSP: Soon Seng'	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
20/6/18 Ashley	SGF 9309L – X SH9041S – [illegible]
4.7.18	SEEK MANDATE FOR LIABILITY.
12.7.18	MANDATE APPROVE LIABILITY
12.7.18	EMAIL WSP LIABILITY CLEAR.
	RECEIVED 10 SEP 2018
	INFORM IL OID REPORTED TP VEH NO INCORRECTLY.

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: KSC

Repair Cost: 4S S$ 3,150.00 (6 days) Reduction: 76 % Email ✓ Call

FINAL SETTLEMENT Date/Time: 3.9.18 Confirm with JAMES Email ✓ Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Liab:
Repair Cost:	S$3,150.00 OID REAR ENDED TP	COPY SENT 10/9/18
Loss of Rental (LOR):	S$ 800.00 (8 days) x $100	
Loss of Use (LOU):	S$ – (S x days)	
Loss of Income (LOI):	S$ – (S x days)	
LOR only ✓	LOU only LOR + LOU LOR + LOI **[Tick only one]**	
GIA/LTA Search	S$ 7.45	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ –	3) Survey fee: +500
Total:	**S$** 3,957.45	**Global Sum S$:**

FINAL PAYMENT Date/Time: 3.9.18 Confirm with: JAMES Email Call

Payee 1:	S$ 3,957.45	Name 1: SOON SENG COMPANY (SG) PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: