15/5/2010

INS. CASE OWNER: BONNIE | CC 3 / AIG 180 11717 / Klha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: AWK DOI: 26-6-18 Date / Time: 26-6-18

Registered in Merimen: 27-6-18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJW 3210 B	Claim No. :	593907837196
Name of Insured :	QUEK MW ENG	Policy No. :	210003 86502
Insured Tel No. :	HP: 81390058	Make / Model :	BMW X5
Excess Sec II :S$	D.O.A : 25-6-18	Place of Accident :	AYE

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**

SH 6936 T → → →

INSRS: WSP: COGE Foyang Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH6936T - C53/FCI 1500 84921 / Gvlq2 ; DOA: 18/08/15
3/7x VIC	SJW3210B. CC3/AIG1800 4014/ Klua3d1 ; DOA: 14/3/15
19/07/18 @ 10:39AM	- SPOKE TO OI. SHE CONFIRMED ACCIDENT DETAILS & REAR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE & AWARE NCD ISSUES. SEND LETTER & EMAIL TO OI.
	- FINALIZED.
	- ORIGINAL TP LOD IN.
01/08/18	- SEND 1ST OFFER TO TP.
	- TP ACCEPTED OFFER.
	- 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:	19/07/18 - VIC

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: L/S	S$ 3,350.00 (3 days)	Reduction: 6A %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01/08/18	Confirm with CECILIA	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.: 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 3,584.50		COI REAR-ENDED TP)
Loss of Rental (LOR):	S$ 417.48	(3.5 days) x $ 119.28	
Loss of Use (LOU):	S$ 175.00	($ 50 x 3.5 days)	
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ✓	[Tick only one]
GIA/LTA Search	S$ 7.49		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	S$ 4,184.47	**Global Sum S$:** 4,170.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,170.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	