15/5/2010

INS. CASE OWNER: CC 3 / AHG 180 / 11807 / K1 hb3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: AWC   DOI: 27/6/18   Date / Time : 27/6/18

Registered in Merimen: 28/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKU 2334 H   Claim No. :

Name of Insured : DAIMLER FLEET MANAGEMENT P/L   Policy No. :

Insured Tel No. :   HP: Make / Model : M-BENZ A180

Excess Sec II :S$ D.O.A : 27/6/18   Place of Accident : SWISS CLUB ROAD

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

If NO, Driver Name / Age : SONAL KHIM JI MADHURSINH   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHD 3606 S → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Chai Loyang	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
3/7 VIC	SHD3606S. c4/ABM 1807 76x8 / K1hb3 ; OTD 27/4/18
	SKU 2334 H . x
	- FINALIZED.
	- ORIGINAL TP LOD IN
08/08/19	- PLS REVIEWED. CONFLICTING VERSION. SIDE SWIPED. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES. TP GOT VIDEO TO REQUEST COPY.
	- TP VIDEO IN. V EKWE/VIC/SHD3606S
	- UPLOADED IN MERIMEN
27/05/19	- SEND 1ST OFFER TO TP.
28/05/19	- 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:	08/08/19 - 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: TP S$ 1,872.30 (1 days) Reduction: 8 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 28/05/19 Confirm with AILEEN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : SIDE SWIPED (TP VIDEO IN)
Repair Cost: (w/GST)	S$ 2,003.36	
Loss of Rental (LOR):	S$ 125.40 (1 days) X $125.40	
Loss of Use (LOU):	S$ 50.00 ($ 50 x 1 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: $320.00
Total:	S$ 2,186.25 **Global Sum S$:** 2,180.00	

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

Payee 1:	S$ 2,180.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—