15/5/2010

INS. CASE OWNER: SHERINI CC 4/III1801 no.27, U2663 LKK: IDAC:

Surveyor: MARCUS DOI: 6/7/18 **ASSIGNMENT** Date / Time: 7/7/18
Registered in Merimen: 7/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 3652M Claim No. : MCT 1806 08278
Name of Insured : CTPL Policy No. : MW0 M0015
Insured Tel No. : _____ HP: _____ Make / Model : MERCEDES
Excess Sec II :S$ _____ D.O.A : 4/6/18 Place of Accident : PIE TWDS BFE
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : CHIN KAK CHEONG. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
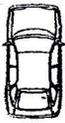Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ____ % **Final ? Yes / No**

SLG 1671T → → →

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP: AUTO		WSP:		WSP:		WSP:
	Tel : N		Tel : ekyn		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS: Cars.		RMKS:		RMKS:		RMKS:

Date/ Time			STAGE	DATE / PIC
	SLG 1671T -X	SHC 3652M -✓	Non-Reporting ltr (1st):	
10/8/18			Non-Reporting ltr (2nd):	
17h			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
	MANDATE APPROVED.		After call ltr to OI:	
	SEND ACCEPTANCE TO TP.		**Documentation Check List: Handler Typist**	
	ALL DOCO IN ORDER. TO CLOSE		Notification ltr (if non-pickup)	
			After call ltr to OI	
	TP NO RENTAL CLAIM LOU.		Authorisation To Act: ✓	
			Release Voucher: ✓	
			Final Repair Bill: ✓	
			Car Rental Invoice:	
26-6-19	SPOKEN W/ DARLA, SHE WILL		Towing Invoice	
555 PM	CHECK FOR RR.		LTA / GIA :	
			Medical Bill:	
26-6-19	LOD IN. FOR MANDATE.		PIR:	
			Mandate/Reject Instruction: ✓	
			LOD ✓	
			Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____
Post-Repair Photos:
Others:

FINALIZATION	Date/Time:		Confirm with:		Confirm by:	
Repair Cost: 4S	S$ 4,350.00 (5 days)	Reduction: 64 %			Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/07/19	Confirm with EKYNN		Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 2↑		If NO or B 28, Ass. Lia :
Repair Cost: GJT	S$ 4,654.50		(OLD REAR-ENDED TP)
Loss of Rental (LOR):	S$ — (days)		**COPY SENT**
Loss of Use (LOU):	S$ 500.00 100 x 5 days)		W/OUT
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:
Legal Cost	S$ —	3) Survey fee: $600.00
Total:	S$ 5,154.50 Global Sum S$: —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,154.50	Name 1: AUTO N CARS SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —