15/5/2010

INS. CASE OWNER: CC 3/EQI1801 764, NHB3 | LKK: IDAC:

ASSIGNMENT

Surveyor: NKZ DOI: 4/7/18 Date / Time : 4/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 794L Claim No. :

Name of Insured : FRAW AWW Company Policy No. : DMCPHB18-000131

Insured Tel No. : HP: Make / Model : MINO

Excess Sec II :S$ D.O.A : 3/7/18 Place of Accident : FEONG SHAN KEP IN FRONT OF 237 TA KEONG SHI

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

If **NO**, Driver Name / Age : FOH FOOK LOY. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHD 6617K → → →

INSRS: WSP: Tel : Liability : RMKS: CONTE W. | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
6/7/18	SHD 6617K-Y YP 794L-Y
TTN	- MANUALLED - ORIGINAL TP LOD IN
11/04/19	- SPOKE TO OWD & OI PIC. OWD CONFIRMED ACCIDENT DETAILS & WAS REVERSING WHEN HIT TP. INFORMED TP CLAIM AGREED TO SETTLE & AWARE NCD ISSUES.
	- SEND 1ST OFFER TO TP
12/04/19	- TP ACCEPTED OFFER. NO EV REQUIRED
	- KW 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:	11/04/19 - KN

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:	/	
Authorisation To Act:	/	
Release Voucher: NO EV		
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: 5/7/18 Sent By: BLL

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LG S$ 2,600.00 (4 days) Reduction: 50 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/04/19 Confirm with SUM Email / Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost (W/GST)	S$ 2,782.00		COND REVERSED
Loss of Rental (LOR):	S$ 690.00 (6 days) X $115.00		
Loss of Use (LOU):	S$ 300.00 50 x 6 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO / [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: $400.00
Total:	S$ 3,779.49	**Global Sum S$:** 3,750.00	

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

Payee 1:	S$ 3,750.00	Name 1:	COMPONENTGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—