15/5/2010

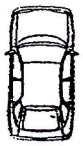
INS. CASE OWNER: CC 6 / AIG 180 12453 / Yha3Q | LKK: IDAC:

ASSIGNMENT

Surveyor: MAPFUS DOI: 9/7/18 Date / Time: 9/7/18

Registered in Merimen: 9/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKU555A

Name of Insured : PUAN RAYMOND GOH CHOON YOON

Insured Tel No. : HP: 91014858

Excess Sec II :S$ D.O.A : 6/7/2018

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model : T. ESTIMA

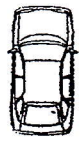
Place of Accident : JLN BOON LAY

Nature of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

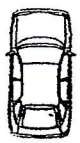
Insured Liability : % **Final ? Yes / No**

GBB 7694A → → →

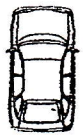


INSRS:
WSP: Kimchuee
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
7/7 MV	GBB7694A - X ; SKU555A - X
12/07/18 @ 3:30PM	- SPOKE TO OI. HE CONFIRMED ACCIDENT DETAILS & REAR-ENDED TP. INFORMED TP CLAIM & NCD ISSUES. SEND LETTER & EMAIL TO OI.
	- FINALISED.
	- ORIGINAL TP LOD IN.
21/07/18	- TYPE REPORT FOR MANDATE APPROVAL.
	- REPORT DONE
06/09/18	- SEND ACCEPTANCE EMAIL TO TP.
	- 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:	12/07/18 - VIC
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:

Repair Cost: L/S S$ 4,000.00 (5 days) Reduction: 63 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 06/09/18 Confirm with JASON Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S$ 4,280.00 COI REAR-ENDED TP

Loss of Rental (LOR): S$ — (days)

Loss of Use (LOU): S$ 600.00 ($100 x 6 days)

Loss of Income (LOI): S$ — ($ x days)

LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S$ 7.45

Medical: S$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$ —

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $320.00

Total: S$ 4,887.45 **Global Sum S$:** —

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

Payee 1:	S$ 4,887.45	Name 1:	KIM CHUEE AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—