15/5/2010

INS. CASE OWNER: Horsiah | CC h/AIG1801 3896, ELh6h | LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 20/7/18 Date / Time : 20/7/18

Registered in Merimen: 21/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SGF 78L Claim No. : 608702561554

Name of Insured : CHERYL LIM JIAMEI Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 20/7/18 Place of Accident :

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 7117J →

INSRS: WSP: Tel : Liability : RMKS: DONE

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH7117J - 16/24180821/USD302 DATE 9/6/18.
1/8/18	SGF78L - 0 (MIDNIGHT CASE)
	- FINALIZED.
TH	- NO OI GIA (SENT OUT 1ST LETTER.
19/08/19	- ORIGINAL TP LOD IN
	- CAN DO DS
27/08/19	- TPLE REVISED. OLD REAR-ENDED TP. SEND LETTER IN EMAIL TO OI TO NOTIFY TP CLAIM IN NCD ISSUES.
	- RTM - OBTAINED.
	- ALL DOC 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:	27/08/19 - 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: P/P S$5,935.90 (3 days) Reduction: 9 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/08/19 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$ 6,351.41		(OLD REAR-ENDED TP)
Loss of Rental (LOR):	S$ 409.50 (3.5 days) x $ 117		
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 + 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: $320.00
Total:	S$ 6,943.40	**Global Sum S$:** 6,940.00	

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

Payee 1:	S$ 6,940.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—