13/5/2010

INS. CASE OWNER: SUNDARI | CC 4 / III180 14401, u ha3 9 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 15/08/18 Date / Time: 6/8/2018

Registered in Merimen: 8/8/2018

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC1204L Claim No. : MCT18080043

Name of Insured : CTPL Policy No. : MCOM001

Insured Tel No. : HP: Make / Model : H. Sonata

Excess Sec II :S$ D.O.A : 2/8/2018 Place of Accident : Tampines Ave 4

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

If **NO**, Driver Name / Age : TAM KONG MUN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 92233923 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKV9141X → →

INSRS: WSP: Kah Motor Tel : Liability : Nil RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
14/8	SKV9141X - X ;
NC	SHC1204L - MA/MCI/100/164581/M ; DOA: 5/8/18
15/08/18	- FILE RECEIVED. OD REAR-ENDED TP.
	COOK LIABILITY MANDATE.
	- II ACCEPTED O/S
	- FINALIZED.
20/08/18	- EMAIL LIABILITY CLEAR
	- TP LOD IN BY EMAIL
24/08/18	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
30/08/18	- SEEK MANDATE TO III BY MERIMEN.
	- III APPROVED MANDATE.
04/09/18	- SEND ACCEPTANCE EMAIL TO TP.
07/09/18	- ORIG. DV IN. 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:	

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$ 2,052.77 (3 days) Reduction: 42 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 04/09/18 Confirm with EMILIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2,196.46	(OD REAR-ENDED TP)
Loss of Rental (LOR) (W/GST)	S$ 321.00 (3 days) X $100.00	
Loss of Use (LOU):	S$ — ($ x 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$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $350.00
Total:	**S$** 2,524.91 **Global Sum S$:** —	

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

Payee 1:	S$ 2,524.91	Name 1:	KAH MOTOR CO SDN BHD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—