INS. CASE OWNER:	Richard CC 4 /AXA1801 ASM		LKK:
			IDAC:
Surveyor: Kalvin	DOI:	**ASSIGNMENT**	Date / Time:
			Registered in Merimen:

Pre-assign / CCU / FTE
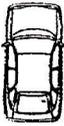
Insured Vehicle No. : SLX 3452P		Claim No. :	S8M00SNN / 64X5F
Name of Insured : SEAH ENG LEE		Policy No. :	VPA/P (illegible)
Insured Tel No. :	HP: 97346298	Make / Model :	PEUGEOT.
Excess Sec II :S$	D.O.A : 18/8/18	Place of Accident :	PIE AFTER EXIT 20B.
Is driver the owner? (YES / NO)	Nature of Accident :		
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**	

SLV 4140S. → SDJ 51C → SLX 3452P → SHD 6407D
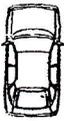
INSRS:	INSRS:	INSRS:	INSRS: LONE
WSP:	WSP:	WSP:	WSP: ly.
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS: OI	RMKS: TP

Date/ Time			STAGE	DATE / PIC
11/8/18	SHD 6407D - (illegible)		Non-Reporting ltr (1st):	
	SLX 3452P - ✗		Non-Reporting ltr (2nd):	
11/11			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
	pr amount claim.		Call OI:	
			After call ltr to OI:	20/11/18 - EMAIL - TT
			Documentation Check List: Handler Typist	
			Notification ltr (if non-pickup):	
	Called OI, no response.		After call ltr to OI: EMAIL	☑
			Authorisation To Act:	☑
22/11/18	- OI RESPOND TO EMAIL.		Release Voucher:	☑
	BELOW 45K MANDATE		Final Repair Bill:	☑
27/11/18	- TT SETTLED W/ TP. PV IN.		Car Rental Invoice:	☑
	- ALL DOCS IN ORDER.		Towing Invoice:	
	- TO CLOSE.		LTA / GIA :	☑
			Medical Bill:	
			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: PIP	S$ 580.00 (2 days)	Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/11/18	Confirm with WILLIAM	Email ☑ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%	
Repair Cost: (W/GST)	S$ 620.60		(CO VEH. C.C & OI 2ND)	
Loss of Rental (LOR):	S$ 460.00 (4 days) X $115.00		BELOW 45K MANDATE	
Loss of Use (LOU):	S$ 200.00 ($50 x 4 days)			
Loss of Income (LOI):	S$ — ($ 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: $350.00	
Total:	S$ 1288.09	**Global Sum S$:** 1,280.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S$ 1,280.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S$ —	Name 2: —		
Payee 3: (Strike if N.A.)	S$ —	Name 3: —		