15/5/2010

INS. CASE OWNER: SUNDARI | CC4 /III1801 5404/ T1 n63 9/ | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 24/08/18 Date / Time: 23/8/18

Registered in Merimen: 24/8/18.

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHA 4887L	Claim No. :	MCT18080655
Name of Insured :	CTPL	Policy No. :	MCW0015
Insured Tel No. :	HP:	Make / Model :	HYUNDAI
Excess Sec II :S$	D.O.A : 23/8/18	Place of Accident :	T3 TAXI STAND R

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

If NO, Driver Name / Age : WILLIAM TAY HANG HAWMI . OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SH0287T7 → ______ → ______ → ______

INSRS: WSP: Tel : Liability : RMKS: prime.

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
24/8/18	SH0287T7-X SHA4887L-Y	Non-Reporting ltr (1st):	
TTH		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
	OI rear-ended to TP.	After call ltr to OI:	

Date/ Time		Documentation Check List:	Handler	Typist
	- FINANCED	Notification ltr (if non-pickup)	☐	☐
	- ORIGINAL TP LOD IN.	After call ltr to OI:	☐	☐
	RECEIVED 0 2 OCT 2018	Authorisation To Act:	✓	☐
08/11/18	- III APPROVED MANDATE	Release Voucher:	✓	☐
	- SEND ACCEPTANCE EMAIL TO TP	Final Repair Bill:	✓	☐
		Car Rental Invoice:	✓	☐
16/11/18	- RECEIVED DV. 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: P/P	S$ 2,463.75 (2 days)	Reduction: 41 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with ALICE	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2636.21		COD REAR ENDED TP)
Loss of Rental (LOR):	S$ 428.40	(3 days) 142.80	
Loss of Use (LOU):	S$ —	(S x days)	
Loss of Income (LOI):	S$ —	(S x days)	
LOR only ✓	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ —		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $350.00
Total:	S$ 3064.61	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,064.61	Name 1: PRIME AUTO CLAIMS SERVICE PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	