15/5/2010

INS. CASE OWNER: | CC3 / CTI 180 16101 / Klha3 9v | LKK: | IDAC:

~~Surveyor:~~ Ang

ASSIGNMENT

DOI: 3/9/2018 Date / Time: 3/9/2018

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : PC 4770 Z

Name of Insured : TIMESWATEEL BUS SVS.

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 03/09/18

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : MD. FAIZ B. KHAMIS

Driver Tel No. : 97659180 (V/L: YES / NO)

Claim No. : SNM18004310/C0270

Policy No. :

Make / Model : T-HIACE

Place of Accident : CHANGI COUTH AVE 3

Nature of Accident :

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

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

SHA 7316 T →

INSRS:
WSP: Cove Loyars.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
13/9	SHA7316T - CC/FC1180146371/GSd3 ; DOA: 02/08/18
	-CC3/CTI140226911/Khra3q2 ; DOA: 3/9/18
	PC 4770 Z - X
	- FINALISED
	- ORIGINAL TP LOD IN.
05/11/18	- FILE REVIEWED. OID REPORTED HE CHANGED LANE. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD.
	- EMAIL TO TP FOR COPY OF VIDEO FOOTAGE.
	- TP REFUSE TO PROVIDE FOOTAGE
	BELOW $5K MANDATE
02/12/18	- SEND 1ST OFFER TO TP.
06/12/18	- RECEIVED DV. TP ACCEPTED OFFER.
	- 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:	05/11/18 - OK

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$ 2,150.00 (3 days) Reduction: 51 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 04/12/18 Confirm with WILLIAM Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia : (OID CHANGED LANE)
Repair Cost: (W/GST)	S$ 2,300.50	
Loss of Rental (LOR):	S$ 218.28 (2 days) x $109.14	BELOW $5K MANDATE
Loss of Use (LOU):	S$ 100.00 ($ 50 x 2 days)	ENTERED / COMPLETED 6/12/18 2018
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ✓	[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: $400.00
Total:	S$ 2,626.27 **Global Sum S$:** 2,620.00	

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

Payee 1:	S$ 2,620.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —