15/5/2010

INS. CASE OWNER: CC4 / UPC 180 16133 / Kha3 G/v

LKK:

IDAC:

ASSIGNMENT

Surveyor: AWK

DOI: 4/9/18

Date / Time: 04/09/2018

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : SLB 2274K

Name of Insured : TAN CHOON YONG

Insured Tel No. : HP: 97102914

Excess Sec II :S$

D.O.A : 03/09/2018

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age :

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

Claim No. : 18/18/18/VP05/0208 J5

Policy No. : 218VP05017894

Make / Model : Mazda 3

Place of Accident : T/Junction of Hougang St 91 & Hougang Ave 9

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

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

SHA 6006 U →

INSRS:
WSP: CDU Toyang
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
7/9	SHA6006U - C13/111 1600 6930/M1W63 ; DOA: 11/4/16
	SLB 2274K - X
	- FINALISED.
11/09/18	- FILE REVIEWED. OI REAR-ENDED TP.
	- TYPE REPORT WHILE PENDING TP LOD.
	RECEIVED 11 SEP 2018
	- REPORT DONE
	- ORIGINAL TP LOD IN
05/11/18	- SEEK MANDATE APPROVAL TO LPC
09/11/18	- LPC APPROVED MANDATE.
	- SEND 1ST OFFER TO TP.
18/12/18	- REVIEWED DN. 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:	

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: 5/9 Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 550.00 (2 days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/11/18 Confirm with KAFALI Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (OI REAR-ENDED TP)
Repair Cost: (W/GST)	S$ 588.50	
Loss of Rental (LOR):	S$ 282.50 (2.5 days) x $113.00	
Loss of Use (LOU):	S$ 125.00 ($ 50 x 2.5 days)	
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: $ 450.00
Total:	S$ 1,003.49 **Global Sum S$:** 1,000.00	

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

Payee 1:	S$ 1,000.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–