15/5/2010

INS. CASE OWNER: MingYao | CC 4/AIG1801 6718, Gp639 | LKK: IDAC:

ASSIGNMENT

Surveyor: YGQ DOI: 10/9/18 Date / Time: 6/9/18 Registered in Merimen: 6/9/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKR 1195P
Name of Insured : CHAN WAI HUNG MELVIN
Insured Tel No. : HP: 98196864
Excess Sec II :S$ D.O.A : 4/9/18
Is driver the owner? (YES / NO) Nature of Accident :
If NO. Driver Name / Age :
Driver Tel No. : (V/L YES / NO)

Claim No. : [illegible]
Policy No. : [illegible]
Make / Model : MITSUBISHI
Place of Accident : OPHIR RD opp RAFFLES Hospital
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SGX 9924C →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Fortuna	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		
	SGX 9924C – X	SKR1195P – X
10/9/18		
8/10/18	– OI rear ended TP	
2/11/18	– For repair to Shuwei future	
	RECEIVED [illegible] 2018	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	[illegible] 8/11/18
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: Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:
Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 2/11/18 Confirm with	If NO or B 28. Ass. Lia :
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. 27	
Repair Cost: W/E67	S$ 1926.00	
Loss of Rental (LOR):	S$ – (days)	
Loss of Use (LOU):	S$ 300.00 (S 100 x 3 days)	COPY SENT
Loss of Income (LOI):	S$ – (S x days)	
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ –	1) Claim status: Normal/Reject/Private Settle
Medical:	S$ –	2) Report Format: N
Disbursement:	S$ – (e.g. Tow/ Independent)	3) Survey fee: $320 + $20.
Legal Cost	S$ –	
Total:	S$ 2226.00 **Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with: Email ☑ Call ☐
Payee 1:	S$ 2226.00	Name 1: Fortuna Motors
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: