15/5/2010

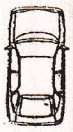
INS. CASE OWNER: Peter | CC 4 ASM LPC1801 89.2 / GHB3 | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 19/10/18 Date / Time : 17/10/18.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 6754Z Claim No. : SBM00626Y | 75564

Name of Insured : ROSLAN BIN SAMMAN. Policy No. : VPA1 P3457896.

Insured Tel No. : HP: 91660405 Make / Model : HYUNDAI

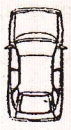
Excess Sec II :S$ D.O.A : 13/10/18. Place of Accident : SEMBAWANG RD.

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

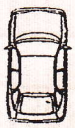
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

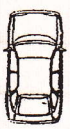
GY3AA1E → → →



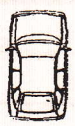
INSRS:
WSP: CITY AUTO.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
19/10/18	GY3AA1E – X SMC6754Z – X
VIC	✱ SMART Maim. – CAN DO DS
25/10/18 @ 11:13AM	– SPOKE TO OI. HE CONFIRMED ACCIDENT DETAILS W ROAR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE W AWARE NCD BONUS. SEND LETTER W EMAIL TO OI.
	– EMAIL LIABILITY CLEAR
	– PINTUBED
25/10/18	– IA UPLOADED.
	– TP LOD IN BY EMAIL
	– UPLOAD MANDATE IA
29/05/19	– SEND ACCEPTANCE EMAIL TO TP.
	– 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:	25/10/18 - VIC

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: DS FORM		

PRELIMINARY ADVICE Date/Time: 25/10/18 Sent By: VIC

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 404.09 (2 days) Reduction: 25 % Email Call

FINAL SETTLEMENT Date/Time: 29/05/19 Confirm with VERONICA Email ✓ Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: (W/EST) S$ 432.38 COI REAR-ENDED TP

Loss of Rental (LOR): S$ – (days)

Loss of Use (LOU): S$ 500.00 S$ 100 x 3 days)

Loss of Income (LOI): S$ – ($ x days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search S$ 7.45

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$ 739.83 **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$ 739.83	Name 1:	CITY AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–