15/5/2010

INS. CASE OWNER: CC3, OTI 180 18952, PHa3m2 | IKK. DAC.

ASSIGNMENT

Surveyor: Anfk DOI: 17/10/18 Date / Time: 17/10/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : PC 2470H

Name of Insured : C.T.H. Transport

Insured Tel No. :

Excess Sec II :S$

Is driver the owner? (YES / (NO))

If NO, Driver Name / Age :

Driver Tel No. :

HP:

D.O.A : 16/10/2018

Nature of Accident :

Claim No. : GNM 18D 0498CO2(GCPC2470H)

Policy No. : DMB15N3082747700

Make / Model :

Place of Accident : Capita Green Building

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

(V/L: (YES) / NO)

Insured Liability : % Final ? Yes / No

SHC 8006 X → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CDLE	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : 10/4 as.	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
11/12 VIC	SHC8006X - CC3/AA417013448/KL662q2 ; DOA: 16/11/17
	- CC/PC117013510/WL6m2 ; DOA: 6/1/17
	PC2470H. X
	- FINALISED
	- ORIGINAL TP LOD IN
	- TO GET TP VIDEO FOOTAGE
11/12/18	- FILE REVIEWED. CONFLICTING VERSIONS. OID REPORTED HE WAS ABOUT TO MOVE OFF WHEN HIT BY TP. TP REPORTED OID MOVED OUT W/O PROPER LOOK OUT. SEND LETTER TO OI TO NOTIFY TP CLAIM.
	- EMAIL TO TP FOR EVIDENCE.
	- TP VIDEO IN. V PRUNE / VIC / PC 2470H. FORWARDED COPY TO OTI.
11/12/18	- W/ MR YEW. OID DOWN
	- TYPE REPORT FOR MANDATE APPROVAL.
21/01/19	- REPORT DONE. SEEK MANDATE TO OTI.

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:	11/12/18 - 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:		

PRELIMINARY ADVICE Date/Time: 30/10/18 Sent By: a3

21/01/19 - OTI APPROVED MANDATE. SEND 1ST OFFER.

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/G S$ 3,000.00 (3 days) Reduction: 28 % Email Call

FINAL SETTLEMENT	Date/Time: 22/01/19 Confirm with WILLIAM	Email ✓ Call
Final Liability:	% 100 ((Agreed) / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 3,210.00	OID MOVING OFF,
Loss of Rental (LOR):	S$ 1,032.48 (6 days) X $172.08	TP STATIONARY.
Loss of Use (LOU):	S$ 300.00 ($ 50 x 6 days)	TP VIDEO IN)
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: $400.00
Total:	S$ 4,549.97 Global Sum S$: 4,540.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$ 4,540.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—