15/5/2010

INS. CASE OWNER: DANIEL | CC 4/III1801 9270 / 72 / 663 52 | LKK: IDAC:

ASSIGNMENT

Surveyor: Tmutika. DOI: 20/10/18 Date / Time : 21/10/18

Registered in Merimen: 21/10/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 6144 L Claim No. : MOT 18100673

Name of Insured : YDL Policy No. : MVM00015

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

Excess Sec II :S$ D.O.A : 20/10/18 Place of Accident : COMMONWEALTH AVENUE

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

If NO, Driver Name / Age : LIM BENG LEE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SGS 7925 B → → →

INSRS: WSP: Kah motor. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
21/10/18 VC	SGS7925B-Y SH 6144L-X
31/10/18	- FNF REVIEWED. OIO REAR-ENDED TP. SEEK LIABILITY MANDATE.
01/11/18	- III AGREED b/s
	- EMAIL LIABILITY CLEAR
	- FINALISED.
	- TP LOD IN BY EMAIL
04/04/19	- TYPE REPORT FOR MANDATE APPROVAL
24/4/19	wrongly clx reopen both ref. Inv. BE1903486
	- REPORT DONE
02/05/19	- SEEK MANDATE APPROVAL
08/05/19	- III APPROVED MANDATE
09/05/19	- SEND 1ST OFFER TO TP.
14/05/19	- RECEIVED DV. TP ACCEPTED OFFER.

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 12,694.82 (10 days) Reduction: 14 % Email ☑ Call ☐

FINAL SETTLEMENT Date/Time: 09/10/19 Confirm with DESMOND Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (OIO REAR-ENDED TP)
Repair Cost: (w/GST)	S$ 13,583.44	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 600.00 (S$ 60 x 10 days)	~~ENTERED 23 APR 2019~~
Loss of Income (LOI):	S$ — (S$ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ —	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $500.00
Total:	S$ 14,183.44 **Global Sum S$:** —	

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

Payee 1:	S$ 14,183.44	Name 1: KAH MOTOR CO. SDN. BHD.
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —