15/5/2010

INS. CASE OWNER: SALIHA | CC 3, AIG 180 20254, Nha3 | LKK: / IDAC:

ASSIGNMENT

Surveyor: Naz   DOI: 1-11-18   Date / Time: 1-11-18

Registered in Merimen: 8-11-18

Pre-assign / CCU / FTE

Insured Vehicle No.: GBD 4782E

Claim No.: 0099883938SG

Name of Insured: Yeo Aquarium Enterprises

Policy No.:

Insured Tel No.:   HP:

Make / Model:

Excess Sec II :S$ D.O.A: 28.10.18

Place of Accident: Sg. Kadut.

Is driver the owner? (YES / NO) [NO circled]

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]

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

Insured Liability: %   Final ? Yes / No

TIB 1238H →   →   →

INSRS: WSP: SMRT, W.L Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
1/11/18 VC	TIB1238H. NSM/INC0901 2020/TIYL ; DOA: 30/4/09 GBD4782E. CI/AIG180/31921/NC ; DOA: 14/06/2018
12/11/18	- File reviewed. OI reported that he was turning to the next lane when hit by TP bus. Send letter to email to OI to notify TP claim to NCD issues.
	- FINALIZED.
	- TP LOD IN BY EMAIL
15/11/18	- OI PIC called in. Agreed to settle.
21/05/19	- Send 1st offer to TP.
24/05/19	- 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:	15/11/18 - VIC
After call ltr to OI:	12/11/18 - 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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/9   S$ 900.00 (1 days) Reduction: 29 %   Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 24/05/19 Confirm with KAREN   Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) [Agreed circled] BOLA S/N No.: 14	If NO or B 28, Ass. Lia: COID moving out (filtered)
Repair Cost:	S$ 900.00	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 300.00 ($300 x 1 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only [ ] LOU only [✓] LOR + LOU [ ] LOR + LOI [ ] [Tick only one]		
GIA/LTA Search	S$ 7.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle [Normal circled]
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 1,207.00 Global Sum S$: —	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 1,207.00	Name 1:	SMRT BUSES LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	