15/5/2010

INS. CASE OWNER: AIDA | CC 4/III1802 0331 / U464 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 9/11/18 Date / Time: 9/11/18

Registered in Merimen: 9/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4111G		Claim No. :	MCT18110348
Name of Insured : LTPL		Policy No. :	MCOM0015
Insured Tel No. :	HP:	Make / Model :	HYUNDAI
Excess Sec II :S$	D.O.A : 1/11/18	Place of Accident :	UBI AVE 4
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : HARIZAN BIN RAMI		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

GBF 1037H → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: LIU'S BRO.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GBF1037H-X SHB4111G-X
15/11/18 VC	
15/11/18	- FILE REVIEWED. OID REVERSED U HIT TP. SEEK LIABILITY MANDATE.
	- LLI AGREED D/S
16/11/18	- DUAL LIABILITY CLEAR
	- FINALIZED.
	- ORIGINAL TP LOD IN
20/11/18	- TYPE REPORT FOR MANDATE
	- REPORT DONE
10/12/18	- SEEK MANDATE TO LLI
	- LLI APPROVED MANDATE
13/12/18	- SEND 1ST OFFER TO TP.
19/01/19	- TP ACCEPTED OFFER.
	- RECEIVED DV LLI ATA. 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:	

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 ADVICF	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: F/R	S$ 500.00 (3 days)	Reduction: 78 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time 05/01/19	Confirm with SUSAN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 500.00		(OID REVERSED)
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 180.00 ($ 60 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: $300.00
Total:	**S$** 687.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 687.45	Name 1: LIU'S BROTHER AUTO ENGINEERING WORKSHOP	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3:	