15/5/2010

INS. CASE OWNER: | CC 3 /EQI1802 0412 / F1463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Falwin | DOI: 9/11/18 | Date / Time : 9/11/18

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 3250P		Claim No. :	
Name of Insured : AVITCOM SYSTEM PRIVATE LIMITED		Policy No. : VMC/PMA18-004280	
Insured Tel No. :	HP:	Make / Model : TOYOTA	
Excess Sec II :S$	D.O.A : 9/11/18	Place of Accident : OLD TAMPINES RD TWDS KPE	
Is driver the owner? (YES / NO) — NO circled	Nature of Accident :	OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)	
If **NO**, Driver Name / Age : NEO BOON CHUAN			
Driver Tel No. :	(V/L: YES / NO) (YES circled)	Insured Liability : %	**Final ? Yes / No**

SHA 7977K →

INSRS: WSP: UNLIE Tel : Liability : VO RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA7977K – CS/FC1800076 4/17/213920 0VM 14/11/18
12/11/18	GBG3250P-X
VIC	
14/11/18 @10:25AM	CALL OI OFFICE. NO RESPONSE. SPOKE TO OD. HE CONFIRMED ACCIDENT DETAILS W REAR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE W AWARE NCD ISSUES.
	- SEND LETTER W EMAIL TO OI.
	- FINALIZED.
	- ORIGINAL TP LOD IN.
23/05/19	- SEND 1ST OFFER TO TP
	- TP ACCEPTED OFFER. NO DV.
	- 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:	14/11/18 - OK

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:	✓	
Authorisation To Act:	✓	
Release Voucher: NO DV		
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: 12/11/18 Sent By: EY

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: F/P	S$ 3,928.64 (3 days)	Reduction: 10 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/05/19	Confirm with SIM	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) (Agreed circled)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia : COD (REAR-ENDED TP)
Repair Cost: (W/GST)	S$ 4,214.34		
Loss of Rental (LOR):	S$ 438.16 (3.5 days) x $125.19		
Loss of Use (LOU):	S$ 175.00 ($ 50 x 3.5 days)		
Loss of Income (LOI):	S$ – ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ✓	**[Tick only one]**
GIA/LTA Search	S$ 7.49		
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: $400.00
Total:	**S$** 4,834.99	**Global Sum S$:** 4,800.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,800.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–