15/5/2010

INS. CASE OWNER: BERNARD

CC 4 /AIG1802 1829 / KH763

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH

DOI: 04/12/18

Date / Time : 3/1/18.

Registered in Merimen: 3/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SGN 2880G.	Claim No. :	3342310885SG
Name of Insured :	EH00 KIM LIN WARA AWN	Policy No. :	71004221-03.
Insured Tel No. :	HP:	Make / Model :	MERCEDES.
Excess Sec II :S$	D.O.A : 10/1/18.	Place of Accident :	GREENWICH VILLAGE CP.
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : GEE MAO JUN.		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SLA 1101M → → →

INSRS: WSP: SAH. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
5/1/18	SLA1101M-X SGN2880G-X	
7/1/9-	- FINALISED - TP LOD IN BY EMAIL - VIDEO FOOTAGE UPLOADED IN MERIMEN	
16/05/19	- FILE REVIEWED. OI MOVING OFF FROM C/P LOT. VIDEO FOOTAGE IN. SEND LETTER TO OI	
30/05/19	- TP ACCEPTED OFFER.	
	- RECEIVED 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:	16/05/19 - 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: P/P S$ 2,850.56 (3 days) Reduction: 16 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25/06/19 Confirm with MS WONG Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 3,080.10	VIDEO - BS24
Loss of Rental (LOR):	S$ — (days)	OI FROM C PARK
Loss of Use (LOU):	S$ 240.00 (S$ 60 x 4 days)	
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: $320.00
Total:	**S$** 3,290.10 **Global Sum S$:** 3,290.00	

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

Payee 1:	S$ 3,290.00	Name 1: G H H MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —