15/5/2010

INS. CASE OWNER: AIDA | CC 4/ 111 180 21873 / Uha3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MArcus | DOI: 13/12/18 | Date / Time: 5/12/18

Registered in Merimen: 5/12/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SH7341C	Claim No. :	MCT1812004A
Name of Insured :	CTPL	Policy No. :	MCOM001
Insured Tel No. :	HP:	Make / Model :	T. Prius
Excess Sec II :S$	D.O.A : 2/12/2018	Place of Accident :	Buangkok Dr.
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age :	Chan Chong Gee	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	91271148 (V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

GBF8872S → → →

INSRS: WSP: Jin Auto. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
18/12 3pm	GBF8872S - CC3/C71 180/9016/Acd3cr ; DOA 16/10/18 SH7341C - CC3/111/80000021/Kama3 ; DOA: 27/11/18 - CC3/111/60105751/41268307 ; DOA: 6/6/16
	- MANDATE APPROVED. - TP ACCEPTED OFFER. - ALL DOCS IN ORDER. - TO CLOSE.
29-1-19	LOD IN. FOR MANDATE
	AFTER REPAIR PHOTOS

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	X NA
After call ltr to OI:	

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	X	
After call ltr to OI:	X	
Authorisation To Act:	/	
Release Voucher:	/	
Final Repair Bill:	/	
Car Rental Invoice:	X	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
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/G S$ 2,200.00 (4 days) Reduction: 53 % Email Call

FINAL SETTLEMENT Date/Time: 7-6-19 Confirm with JOUIS Email ✓ Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : COID (REAR-ENDED TP)
Repair Cost: (w/GST)	S$ 2,354	
Loss of Rental (LOR):	S$ – (days)	
Loss of Use (LOU):	S$ 400 ($100 x 4 days)	
Loss of Income (LOI):	S$ – ($ 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: $350.00
Total:	S$ 2,754 **Global Sum S$:** –	

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$ 2,754.00	Name 1: JIN AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ X	Name 2: X
Payee 3: (Strike if N.A.)	S$	Name 3: