15/5/2010

INS. CASE OWNER: | CC 4/EQI1802 1897 / 4686 | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 5/11/18 Date / Time : 5/11/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBE 280H — Claim No. :

Name of Insured : OUTSOURCE VANTAGE PL — Policy No. : VMLPMC18-008829

Insured Tel No. : — HP: — Make / Model : RENAULT

Excess Sec II :S$ — D.O.A : 07/11/18 — Place of Accident : TPNL of SELETAR WEST LINK

Is driver the owner? (YES / NO) — Nature of Accident :

If **NO**, Driver Name / Age : MOHAMMAD FAZELEE BIN MOHAMMED SHARIFF — OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : — (V/L: YES / NO) — Insured Liability : % — **Final ? Yes / No**

SLD 494EJ →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Zoom Autowerks	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
10/11/18 Asher	SLD 494EJ } GBE 280H } VMLPMC18-018355/24 DNA = 7/11/18
	Sent letter to OI.
20.12.18	Email WSP liability clear.
	- FINALISED
	- TP LOD IN BY EMAIL
22/1/19	- SEND 1ST OFFER TO TP.
24/1/19	- 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:	Asher 26.12.18
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: 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: 22/1/19 Sent By: VIC

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 6,050.00 (5 days) Reduction: 65 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24/1/19	Confirm with ELIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : J1		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6,050.00	OID REAR ENDED TP.	
Loss of Rental (LOR):	S$ 700.00 (7 days) x $100		
Loss of Use (LOU):	S$ — (S x days)		
Loss of Income (LOI):	S$ — (S x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [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: $400.00
Total:	S$ 6,757.45	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 6,757.45	Name 1: ZOOM AUTOWERKS PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	