15/5/2010

INS. CASE OWNER: | CC 3 / CTI 180 21920 / KIlha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Awk   DOI: 4/12/18   Date / Time : 4/12/18

Registered in Merimen:

Pre-assign / CCU / FTE   GP 700 X

Insured Vehicle No. :			Claim No. :	
Name of Insured :	Sun Heat Cleaning Products.		Policy No. :	
Insured Tel No. :		HP:	Make / Model :	
Excess Sec II :S$		D.O.A : 3/12/2018	Place of Accident :	
Is driver the owner?	(YES / NO) (NO circled)	Nature of Accident :		

If NO, Driver Name / Age :   OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)

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

SHA 9096P → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: ODLE loyang	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
14/1 UC	SHA9096P - CC3/CTI 180 17367/HHg302 ; DOA: 11/10/18
	GP 700 X - X
	- FINALIZED
	- ORIGINAL TP LOD IN
01/03/19	- FILE REVIEWED. OI IS MOVING OUT FROM SIDE ROAD. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUED.
	- NO MANDATE. BELOW $3K
	- SEND 1ST OFFER TO TP
11/03/19	- RECEIVED ORIG. DV. TP ACCEPTED OFFER. EMAIL OI SETTLEMENT AMOUNT.
	- 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:	01/03/19 - UC

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: LG S$ 1,500.00 (3 days) Reduction: 66 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/03/19 Confirm with WILLIAM Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) (Agreed circled) BOLA S/N No. : 14	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 1,605.00	(OI IS MOVING OUT FROM SIDE)
Loss of Rental (LOR):	S$ 402.50 (3.5 days) x $115.00	
Loss of Use (LOU):	S$ 175.00 ($ 50 x 3.5 days)	NO MANDATE. BELOW $3K
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [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: $400.00
Total:	S$ 2,189.99 **Global Sum S$:** 2,180.00	

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

Payee 1:	S$ 2,180.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—