

Surveyor: **KASUL** ASSIGNMENT **07/01/19** Date / Time: **17/12/18**
 Registered in Merimen: **17/12/18**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 3435 Z** Claim No. : **MCT 18120209**
 Name of Insured : **OTM** Policy No. :
 Insured Tel No. : HP: **91218** Make / Model :
 Excess Sec II : SS D.O.A : **9/12/18** Place of Accident : **T junction of Daphne Rd & Margaret Dr.**
 Is driver the owner? (YES / NO) Nature of Accident :
 If NO, Driver Name / Age : **OTM Kwie Fee** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : **93742129** (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SCE 1336m

INSRS: WSP: Tel: Liability: RMKS:	prml	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
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Date/ Time	STAGE	DATE / PIC
13/12	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI:	
13/12/18	After call ltr to OI:	
14/12/18	Documentation Check List: Handler Typist	
17/10/19	Notification ltr (if non-pickup)	
8/5/19	After call ltr to OI:	
09/05/19	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:	

13/12/18 - **FILE REQUIRED. OLD REAR-ENDED TP.**
14/12/18 - **SEEK CREDITY MANDATE.**
17/10/19 - **IN REPAIR HUB**
8/5/19 - **SMALL LIABILITY CLAIM**
09/05/19 - **STOKESD.**
17/10/19 - **ORIGINAL TP LOD IN**
8/5/19 - **THIS REPORT FOR MANDATE APPROVAL**
09/05/19 - **SEEK MANDATE**
09/05/19 - **III APPROVED MANDATE.**
09/05/19 - **CONFIRMED AMOUNT SAME AS LOD.**
09/05/19 - **ALL BOOK IN ORDER.**
09/05/19 - **TO CLOSE.**

PRELIMINARY ADVICE Date/Time: Sent By: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by:
 Repair Cost: **PLP** S\$ **9,789.85** (5 days) Reduction: **35** % Email Call

FINAL SETTLEMENT Date/Time: **03/01/19** Confirm with: **CAROLINE** Email Call
 Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia : **COLD REAR-ENDED TP**

Repair Cost: (w/loss) S\$ 10,475.14	Loss of Rental (LOR): S\$ 750.00 (5 days) x 150	Loss of Use (LOU): S\$ - (\$ x days)	Loss of Income (LOI): S\$ - (\$ x days)	LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	GIA/LTA Search S\$ -	Medical: S\$ -	Disbursement: S\$ - (e.g. Tow/ Independent)	Legal Cost S\$ -	Total: S\$ 11,225.14 Global Sum SS: -
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1) Claim status: **Normal**/Reject/Private Settle
 2) Report Format:
 3) Survey fee: **\$600.00**

FINAL PAYMENT Date/Time: Confirm with: Email Call
 Payee 1: S\$ **11,225.14** Name 1: **PERFORMANCE MOTORS LIMITED**
 Payee 2: (Strike if N.A.) S\$ **-** Name 2:
 Payee 3: (Strike if N.A.) S\$ **-** Name 3: