15/3/2010

INS. CASE OWNER: | CC 6 / CTI 180 22469 / Mha3n2 | LKK: IDAC:

ASSIGNMENT

Surveyor: MPB DOI: 14/12/18 Date / Time : 13/12/18

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : SJN 4186D Claim No. : SNM18D05777C02/6 (SJN4186D)

Name of Insured : SHIN WON JAI Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 12/12/18 Place of Accident :

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

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SMA 1266J → →

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

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INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
21/12	SMA 1266J. X;
VC	SJN4186D - NMA18E1140195772/64 ; DOA: 16/10/14
	- FINALISED
	- TP LOD IN BY EMAIL
28/12/18	- FILE REVIEWED. OID REAR-ENDED TP.
	SEND LETTER VIA EMAIL TO OI TO NOTIFY
	TP CLAIM & NCD ISSUES.
	- TYPE REPORT FOR MANDATE APPROVAL.
	- REPORT DONE
	- ORIGINAL TP LOD IN
22/01/19	- SEEK MANDATE TO OI BY EMAIL
	- OI APPROVED MANDATE.
	- SEND 1ST OFFER TO TP.
30/01/19	- RECEIVED ORIG. DV. TP ACCEPTED OFFER.
	- 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:	28/12/18 - VC

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: 19/12/18 Sent By: 93

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: F/P S$ 4,934.80 (7 days) Reduction: 41 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25/01/19 Confirm with ALICE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: CW(GST)	S$ 5,280.24	COID (REAR-ENDED TP)
Loss of Rental (LOR):	S$ – (days)	
Loss of Use (LOU):	S$ 400.00 ($ 50 x 8 days)	
Loss of Income (LOI):	S$ 400.00 ($ 50 x 8 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [Tick only one]	
GIA/LTA Search	S$ 2.00	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –	3) Survey fee: $400.00
Total:	S$ 6,082.24 **Global Sum S$:** –	

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

Payee 1:	S$ 6,082.24	Name 1:	PRIME AUTO CLAIMS SERVICE PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–