15/5/2018

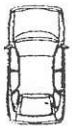
INS. CASE OWNER: Irene | CC 3 /CTI1802 3087 / 4146312 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kelvin DOI: 14/12/18 Date / Time: 14/12/18 pohkin

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SFN 8486A Claim No. : SMM1900W0009/CCU/6

Name of Insured : LHOW GUO WEI Policy No. : OMPCSW3166377800

Insured Tel No. : HP: Make / Model : ~~BMW~~ VOLKSWAGEN

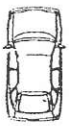
Excess Sec II :S$ D.O.A : 14/12/18 Place of Accident : PUNGGOL

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

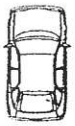
If NO, Driver Name / Age : OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

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

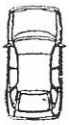
SHD 3614K → → →



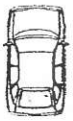
INSRS:
WSP:
Tel :
Liability :
RMKS: EDGE UP.



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 3614K - X SFN 8486A - X
	phone not in use
	send letter to OI via E-mail
	file pass to type narcote report
	before paint photo ✓

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:	8/4/2019

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: 26/12/2018 Sent By: LSP

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ 4,142.16 (4 days) Reduction: 11.81 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/12/2019 Confirm with William Tan Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28. Ass. Lia :

Repair Cost: (w/GST) S$ 4,432.11 020 rear ended third vehicle

Loss of Rental (LOR): S$ 517.50 (4.5 days) x $115.00

Loss of Use (LOU): S$ — (S x days)

Loss of Income (LOI): S$ 225.00 (S 50.00 x 4.5 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**

COPY SENT 14/1

GIA/LTA Search S$ 7.49

Medical: S$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$ —

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: $400.00

Total: S$ 5,182.10 **Global Sum S$:** 5,150.00

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

Payee 1:	S$ 5,150.00	Name 1:	ComfortDelgro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	