15/5/2010

INS. CASE OWNER: SHERINI | CC4/III1802 37444 / J 1637 | LKK: IDAC:

ASSIGNMENT

Surveyor: HJ. DOI: 27/11/18 Date / Time : 27/11/18

Registered in Merimen: 28/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHD 4608 X	Claim No. :	MCT 18120677
Name of Insured :	CYPL	Policy No. :	MLOMD015
Insured Tel No. :	HP:	Make / Model :	HYUNDAI
Excess Sec II :S$	D.O.A : 27/11/18	Place of Accident :	CTE TWDS CTCH.

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

If **NO**, Driver Name / Age : LIM KIM GUAN GERALD.

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**

SLK4186X → → →

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

Date/ Time	
3/1/19	SLK4186X – 4
	SHD4608X – CCU18 1 05474 / Rowbligr DV: 21/12/18
VIC	
15/01/19	– FILE REVIEWED. OID REAR-ENDED TP.
	– SEEK LIABILITY MANDATE TO III.
16/01/19	– III AGREED F/S
	– EMAIL LIABILITY CLEAR
	– TO FINALISE COR.
	– FINALISED
	– ORIGINAL TP LOD IN
22/02/19	– TYPE REPORT FOR MANDATE APPROVAL
	– REPORT DONE
07/03/19	– SEEK MANDATE APPROVAL TO III BY MERIMEN.
11/03/19	– III APPROVED MANDATE.
13/03/19	– SEND ACCEPTANCE EMAIL TO TP.
19/03/19	– RECEIVED DV. ALL DOCS IN ORDER.

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:	

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: P/P S$ 5,715.60 (5 days) Reduction: 52 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/03/19 Confirm with SOPHIA Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : COID REAR-ENDED TP)
Repair Cost: W/GST	S$ 6,147.79	
Loss of Rental (LOR):	S$ – (days)	
Loss of Use (LOU):	S$ 300.00 (S$ 60 x 5 days)	
Loss of Income (LOI):	S$ – (S x days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**		
GIA/LTA Search	S$ –	
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: $500.00
Total:	**S$** 6,447.79 **Global Sum S$:** –	

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

Payee 1:	S$ 6,447.79	Name 1:	WORLD AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–