15/5/2010

INS. CASE OWNER: | CC 4 /EQI1900 0688 / U/hb3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus   DOI: 4/1/19.   Date / Time : 10/1/19.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBB 1377Y.   Claim No. :

Name of Insured : Amber Compounding Pharmacy P/L   Policy No. : DMCPHA 18-006900

Insured Tel No. :   HP: Make / Model : FIAT

Excess Sec II :S$ D.O.A : 8/1/19.   Place of Accident : LTE Towns AVE

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

If **NO**, Driver Name / Age : Lim Gong Sheng Jason   OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

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

GBA 2586J → GBB 1377Y → GU 4477M → ____

INSRS:	INSRS:	INSRS: Adwin.	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP.	RMKS:

Date/ Time	
	GU4477M-X GBA1377Y-Y
16/1/19	- FINALISED
VTL	
22/02/19	- FILE REVIEWED. OID INVOLVED IN A 3 VEH. C.C & WAS THE 2ND CAR. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
	- ORIGINAL TP LOD IN
14/05/19	- SEND 1ST OFFER TO TP
21/05/19	- TP ACCEPTED OFFER.
	- NO DV REQUIRED.
	- 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:	22/02/19 - VIC

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☑	☐
Authorisation To Act:	☑	☐
Release Voucher: NO DV	☐	☐
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: 15/01/19   Sent By: b3

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S   S$ 1,300.00 (2 days) Reduction: 86 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/05/19 Confirm with ABBY   Email ☑ Call ☐

Final Liability:	% 100 ((Agreed) / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%. (3 VEH. C.C.; OID 2ND)
Repair Cost: (W/GST)	S$ 1,391.00	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 120.00 (S$ 60 x 2 days)	
Loss of Income (LOI):	S$ — (S$ x days)	
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LO ☐ **[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: $400.00
Total:	**S$** 1,513.00 **Global Sum S$:** —	

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

Payee 1:	S$ 1,513.00	Name 1:	ADWIN SERVICE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—