15/5/2010

INS. CASE OWNER: SALIHA | CC 6, Alg 1900 0892, Uh4h | LKK: | IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 15/1/19 Date / Time: 15/1/19

Registered in Merimen: 15/1/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SMD 7031 P		Claim No. :	76n7n9066159
Name of Insured : MOW WEE FONG		Policy No. :	1500107741
Insured Tel No. :	HP:	Make / Model :	KIA
Excess Sec II :S$	D.O.A : 10/1/19	Place of Accident :	GHIVESTIVER RD
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**

GBE 5867H → → →

INSRS: WSP: UMBRO Tel : Liability : RMKS: 1196N	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBE5867H - X SMD7031P - Y
17/1/19	
NC	- TP video uploaded on Merimen.
16/4/19 @ 11.15pm - Khanchna	- Spoken to OI. He confirmed the mva. OI rear ended TP. Informed OI on TP claim, agreed to settle and aware NCD will be affected. Sent letter to OI.
	- FINALISED
	- ORIG. TP LOD IN
20/06/19	- SEND ACCEPTANCE EMAIL TO TP.
	- ALL DOCS IN.
	- TO CLOSE.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	16/4/19 - Khanchna
After call ltr to OI:	16/4/19 - Khanchna

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: LG	S$ 5,800.00 (5 days)	Reduction: 53 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 24/07/19	Confirm with SUSAN	Email [✓] Call [ ]
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia : COI REAR-ENDED TP)
Repair Cost:	S$ 5,800.00		
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 420.00 ($ 60 x 7 days)		
Loss of Income (LOI):	S$ — ($ x 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: $320.00
Total:	**S$** 6,222.00	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email [ ] Call [ ]
Payee 1:	S$ 6,222.00	Name 1: LIU'S BROTHER AUTO ENGINEERING WORKSHOP	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3:	