15/5/2010

INS. CASE OWNER: MEENA | CC 4/III1900 1511 , Uh63 9 | LKK: | IDAC:

ASSIGNMENT

Surveyor: VKS | DOI: 10/1/19 | Date / Time : 11/1/19 | Registered in Merimen: 11/1/19.

Pre-assign / CCU / FTE

Insured Vehicle No. :	YN 53C	Claim No. :	MFLWI19D000052
Name of Insured :	MULTIHEIGHT SCAFFOLDING PTE LTD	Policy No. :	D18MPL 001839
Insured Tel No. :	HP:	Make / Model :	MITSUBISHI
Excess Sec II :S$	D.O.A : 9/1/19.	Place of Accident :	JURONG ISLAND HIGHWAY
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : LOO TECK GHOON		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

PC 4401P → ______ → ______ → ______

INSRS: WSP: think one Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	PC4401P – X PC4154D – X
11/07/19	– 1/1 APPROVED MANDATE – SEND 1ST OFFER TO TP
22/07/19	– TP ACCEPTED OFFER. – ALL DOCS IN ORDER. – TO CLOSE.
10-6-19	LOD IN. FOR MANDATE

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: GIRO	☑	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LG S$ 5,600.00 4 days) Reduction: 6.2 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 22/07/19 Confirm with KAREN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: GST	S$ 5,992.x x	1D HIT TP IN
Loss of Rental (LOR):	S$ — (days)	ATTEMPT TO
Loss of Use (LOU):	S$ 720.00 ($ 180 x 4 days)	OVERTAKE 3V.C. in
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 7.45	
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$ 6,719.45 **Global Sum S$:**	

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

Payee 1:	S$ 6,719.45	Name 1:	THINK ONE AUTOCARE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—