15/5/2010

INS. CASE OWNER: CC 6 /CTI1900 1750 , UA0352 | LKK: IDAC:

ASSIGNMENT

Surveyor: UKS DOI: 25/1/19 Date / Time : 28/1/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : PA 6725M

Name of Insured : WONG LIM PIL

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 25/1/19

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : OMB 1SW 0446857801

Make / Model : MITSUBISHI

Place of Accident : MARINE RD

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SGU 7TB → → →

INSRS:
WSP: Fastech
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGU 7TB ~~OMB1SW0446857801/19 OMB 25/1/19~~ PA 6725M
	- FILE REVIEWED. O/D REAR-ENDED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
26/5/20	party signed PV.
15/6/20.	settled & closed.
15-4-19	FOR MANDATE LOD IN.
9-7-19	PENDING GI APPROVAL

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:	22/07/19-VIC

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: 14/06/19 Sent By: 63

FINALIZATION Date/Time: Confirm with: Confirm by: Email ☐ Call ☐

Repair Cost: 4S S$ 4600 (4 days) Reduction: 30.00 %

FINAL SETTLEMENT Date/Time: 13/06/2020 Confirm with SHI YING Email ☒ Cal ☐

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

Repair Cost: (w/gst) S$ 4,922.00 O/D rear-ended TP.

Loss of Rental (LOR): S$ — (days)

Loss of Use (LOU): S$ 400.00 (S 80 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$ 2.00

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$ 5,324.00 **Global Sum S$:** 5,300.00

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

Payee 1:	S$ 5,300.00	Name 1:	FASTECH AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—

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