15/5/2010

INS. CASE OWNER:	CC 3/III1900 17714, E1 W669 /	LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin　　DOI: 13/2/19　　Date / Time: 13/2/19.
Registered in Merimen: 14/2/19.

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 3935 Y.	Claim No. :	MOT19020339
Name of Insured :	CYPL	Policy No. :	unknown
Insured Tel No. :	HP:	Make / Model :	Unknown
Excess Sec II :S$	D.O.A : 12/2/19.	Place of Accident :	opp BKT Timah Rd
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : Tan Li Ann Kim.		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHC 6287P →　　→　　→

INSRS: WSP: premier. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC6287P — 144 (AX6750106) (CS) 6839 DUT 24/6/18
	SHC3935Y — Y
	- FINALISED
07/05/19	- FILE REVIEWED. OIP FILTERED LANE. SEEK LIABILITY MANDATE
	- III AGREED 69
	- TP LOD IN BY EMAIL
	- TP VIDEO IN. V DRIVE O/C SHC 6287P
16/05/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
22/05/19	- SEEK LIABILITY MANDATE TO III
23/05/19	- II APPROVED MANDATE
03/06/19	- SEND 1ST OFFER TO TP.
	- TP ACCEPTED OFFER.

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: L6	S$ 750.00 (3 days) Reduction: 79 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/06/19	Confirm with SHAFAWATI	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia : (OID FILTERING LANE)
Repair Cost: (W/GST)	S$ 802.50		
Loss of Rental (LOR):	S$ 304.32 (3 days) X $ 101.44		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	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
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $350.00
Total:	**S$** 1,106.82	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,106.82	Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	