15/5/2010

INS. CASE OWNER: | CC 4 /EQI1900 2993/JL63. | LKK: | IDAC:

ASSIGNMENT

Surveyor: HWEE SIE   DOI: 19/02/19   Date / Time : 18/2/19.

Registered in Merimen: ——

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLH 7039J	Claim No. :	
Name of Insured :	CHEW CHONG HUAT.	Policy No. :	OMPPRA18-007147
Insured Tel No. :	HP:	Make / Model :	HYUNDAI
Excess Sec II :S$	D.O.A : 18/2/19.	Place of Accident :	TAMPINES AVE 1
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**

SKA 7187X → ____ → ____ → ____

INSRS: WSP: CARZ Auto Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SKA7187X - 4 SLH 7039J - 4	
	- FINALISED.	
4/4/19	- CALL OI, NO PICK UP, SEND LETTER TO OI	
	- TP LOD IN BY EMAIL	
18/04/19	- SEND ACCEPTANCE EMAIL TO TP.	
	- NO RV. 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:	04/04/19-JL

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup):	☐	☐
After call ltr to OI:	☑	☐
Authorisation To Act:	☑	☐
Release Voucher: NO RV	☐	☐
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: 22/02/19   Sent By: KB

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LG   S$ 1,350.00(4 days) Reduction: 71 %   Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 18/04/19 Confirm with JOELYN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 1,444.50	(OI CHANGED LANE)
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 240.00 ($ 60 x 4 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: $400.00
Total:	**S$** 1,684.50 **Global Sum S$:** —	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,684.50	Name 1:	CARZ AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—