15/5/2010

INS. CASE OWNER: CC 5/EQI1900 3769, 4963 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Khmeeth. DOI: 20/7/19 Date / Time : 20/7/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJP 2753X Claim No. : OMIAMU0VK90

Name of Insured : MOHAMMAD AZAMI MUSA Policy No. : DMPPMV18-0015374

Insured Tel No. : HP: Make / Model : SUZUKI

Excess Sec II :S$ D.O.A : 16/7/19 Place of Accident : JLN OP BMNOS UNTK & NB1 KM 3

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**

SHB 7555P → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans CMS	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB7555P - Y SJP2753X - Y	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
8/8/19	Confirm accident details. Refer endorsement	Non-Reporting ltr (Final):	
	- FINALISED	Notification ltr (if non-pickup):	
	- ORIGINAL TP LOD IN	Call OI:	5/8/19 SW
		After call ltr to OI:	
08/11/19	- SEND 1ST OFFER TO TP.	**Documentation Check List:**	**Handler** / **Typist**
19/11/19	- TP ACCEPTED OFFER.	Notification ltr (if non-pickup)	
	- ALL DOCS IN ORDER. PO BV	After call ltr to OI:	
	- TO CLOSE.	Authorisation To Act:	
		Release Voucher: NO BV	
		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: 21/02/19 Sent By:

FINALIZATION	Date/Time:		Confirm with:		Confirm by:
Repair Cost: 4.9	S$ 4,500.00	(10 days)	Reduction: 83 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/11/19		Confirm with JASWINDE		Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: (W/COST)	S$ 4,815.00				C3 V6H. C.O.S, OI 2ND, TP 1ST
Loss of Rental (LOR):	S$ 1,050.50	(14 days)	X $ 75.25		LAST CAR UNKNOWN
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$ 7.49				
Medical:	S$ —				1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —		(e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$ —				3) Survey fee: $ 900.00
Total:	**S$**		**Global Sum S$:**		
FINAL PAYMENT	Date/Time:		Confirm with:		Email ☐ Call ☐
Payee 1:	S$ 5,875.99	Name 1:	TRANS-CMS AUTO SERVICES PTE LTD		
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—		
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—		