15/5/2010

INS. CASE OWNER: CC 4, LPC 1900 3437, Kfja3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Ank DOI: 23/7/19 Date / Time: 25/7/19

Registered in Merimen: -

Pre-assign / CCU / FTE

Insured Vehicle No.: GBE 4314 T		Claim No.: 18/19/19/V05/02448	
Name of Insured: Sunrise Landscaping Svs Pte		Policy No.:	
Insured Tel No.:	HP:	Make / Model:	
Excess Sec II :S$	D.O.A: 23/02/19	Place of Accident:	
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**

SHC 8202 X → → →

INSRS: WSP: Wee Loyang. Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		STAGE	DATE / PIC
2/3 Joy	SHC8202X - CW/M/160/2228/Geb35r : DOA: 20/1/16 GBE 4314T - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
01/07/19	- SEEK MANDATE APPROVAL TO LPC	Call OI:	
		After call ltr to OI:	
03/07/19	- LPC APPROVED MANDATE. @ LOI/R 2.5 DAYS - SEND 1ST OFFER TO TP.		
23/07/19	- RECEIVED ORIG. DV. TP ACCEPTED OFFER. - ALL DOCS IN ORDER. - TO CLOSE.		
3-6-19	LOD IN FOR MANDATE		

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: 05/06/19 Sent By: 93

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 2,700.00 (2 days)	Reduction: 49 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/07/19	Confirm with RAZALI	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.: 27	If NO or B 28, Ass. Lia:
Repair Cost: (w/GST)	S$ 2,889.00		(OID REAR-ENDED TP)
Loss of Rental (LOR):	S$ 443.08 (2.5 days) x $177.23		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ 125.00 ($50 x 2.5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [Tick only one]			
GIA/LTA Search	S$ 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: $450.00
Total:	S$ 3,464.57	**Global Sum S$:** 3,460.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,460.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	