15/5/2010

INS. CASE OWNER: | CC 3 /EQI1900 3478, K8263 S2 / | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 7/1/19 Date / Time : 7/1/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	YP 4429R.	Claim No. :	DM19M000535
Name of Insured :	TOWE EWLY FOOD ENTERPRISE	Policy No. :	DMCPMQ18-006356
Insured Tel No. :	HP:	Make / Model :	ISUZU
Excess Sec II :S$	D.O.A : 7/1/19.	Place of Accident :	HOLLAND RD.
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age : KALIYAPEKUMAR MANIKANDAN — OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

YP 4429R → SHB 9973C → SW 3437X → ____

INSRS: WSP: Tel : Liability : RMKS: 01	INSRS: WSP: Trans Cab. Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHB9973C – X YP4429R – X
8/4/19	Send LOI via email
	– ORIGINAL TP LOD IN
11/11/19	– REQUESTED BV 4 PI BEFORE SEEK MANDATE
	– TP BV 4 PI IN.
11/11/19	– TYPE REPORT FOR MANDATE APPROVAL
	– REPORT DONE
14/01/2020	– SEEK MANDATE APPROVAL TO EQ
23/01/2020	– EQ APPROVED MANDATE
	– SEND 1ST OFFER TO TP.
18/02/2020	– TP ACCEPTED OFFER. NO PV
	– 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:	Levira
After call ltr to OI:	8/4/19

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	✓	
After call ltr to OI: EMAIL	✓	
Authorisation To Act:	✓	
Release Voucher: NO DV		
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: 25/02/19 Sent By: EG

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LG S$ 14,600.00 (10 days) Reduction: 71 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18/02/2020 Confirm with SHOWING Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100
Repair Cost: (W/GST)	S$ 15,622.00	01 last car C.C.
Loss of Rental (LOR):	S$ 1,135.82 (14 days) x $81.13	(3 VEH. C.C., 01 LAST)
Loss of Use (LOU):	S$ — ($ 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: $400.00
Total:	**S$** 16,765.31 **Global Sum S$:** —	

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

Payee 1:	S$ 16,765.31	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—