15/5/2010

INS. CASE OWNER: BERNARD | CC 4 /AIG1900 6741, 4662 | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus | DOI: 11/11/19 | Date / Time : 11/7/19 | Registered in Merimen: 11/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJZ 61877	Claim No. :	7037765644359
Name of Insured :	TAN Bing	Policy No. :	1800484495
Insured Tel No. :	HP:	Make / Model :	Audi
Excess Sec II :S$	D.O.A : 1/7/19.	Place of Accident :	KPE
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**

SKJ 9011B → → →

INSRS: WSP: Auto N Cars. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SKJ9011B - X SJZ61877 - X
	- FINALISED
14/03/19	- JOY SPOKE TO OI. OI REAR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE. AWARE NCD ISSUES.
	- ORIGINAL TP LOD IN
15/10/19	- SEND ACCEPTANCE EMAIL TO TP.
06/11/19	- TP ACCEPTED OFFER.
	- 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:	14-3-19
After call ltr to OI:	

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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: L/S	S$ 1200.00 (2 days) Reduction: 63 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/11/19	Confirm with DARLA	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia : OI REAR-ENDED TP
Repair Cost: (w/GST)	S$ 1,284.00		
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 300.00 ($100 x 3 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐	LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 2.00		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	**S$** 1,586.00	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,586.00	Name 1: AUTO N CARS SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	