15/5/2010

INS. CASE OWNER: | CC 6/EQI1900 5934, 4463 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus   DOI: 7/4/19   Date / Time : 7/4/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 5118X		Claim No. :	DM19H000938/07
Name of Insured : INSIKO PTE		Policy No. :	DMCPH418-004606
Insured Tel No. :	HP:	Make / Model :	CITROEN
Excess Sec II :S$	D.O.A : 7/4/19	Place of Accident :	BEDOK NTH AVE 1

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : TAY CHUN HUE (ZHENG JUNHUI) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SGU1107B → ____ → ____ → ____

INSRS: WSP: JIN Auto Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SGU1107B-X GBH5118X-X
	- FINALISED
10/4/2019 @ 2.00pm - Khanchana	- Spoken to OID. He confirmed the mva. OID rear ended TP. Informed OID on TP claim, agreed to settle and aware NCD will be affected.
11/04/19	- EMAIL LIABILITY CLEAR - TP LOD IN BY EMAIL
06/06/19	- SEND ACCEPTANCE EMAIL TO TP. - NO DV. - 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:	10/4/19 - Khanchana
After call ltr to OI:	VIG OK

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup):		
After call ltr to OI:	✓	
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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 5,200.00 (9 days) Reduction: 34 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 06/06/19 Confirm with: JOYCE Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (OIP REAR-ENDED TP)
Repair Cost: (w/GST)	S$ 5,564.00	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 660.00 ($ 60 x 11 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ✓	LOR + LOU ☐ LOR + LOI ☐ **[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$ 6,224.00** **Global Sum S$:** —	

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

Payee 1:	S$ 6,224.00	Name 1: JIN AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: