15/5/2010

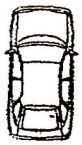
INS. CASE OWNER: NORMAH | CC 3 / AIG 1900 6047 / Jha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: OTTJ DOI: 4/4/19 Date / Time: 4/4/19

Registered in Merimen: 5/4/19

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 3558Y Claim No. : 37168248SEG

Name of Insured : BR Resources PTE Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 3/4/19 Place of Accident :

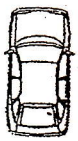
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

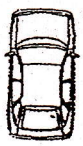
Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

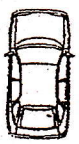
SHF 486E → → →



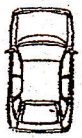
INSRS:
WSP: SMRT, MC
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
9/4 MC	SHF 486E - C03/AXA/140246491/KYY392 ; DOA: 02/11/14 GBH 3558Y - CC4/UPC/1900/6047/Jha3 ; DOA: 03/1/19 - C03/AIG/1900/6047/KPO3492 ; DOA: 03/1/19
10/4/19 @ 11.47am - Khanchha	- 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. - FINALISED - TP LOD IN BY EMAIL
10/05/19	- SEND 1ST OFFER TO TP - 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:	10/4/19 - Khanchha
After call ltr to OI:	VC-OE

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/O S$ 2,700.00 (4 days) Reduction: 66 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/05/19 Confirm with Use GBK Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27
Repair Cost:	S$ 2,700.00	If NO or B 28, Ass. Lia : COID (CLAIM ENDED TP)
Loss of Rental (LOR):	S$ 537.70 (5 days) X $107.54	
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ [Tick only one]	
GIA/LTA Search	S$ 7.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 3,544.70 **Global Sum S$:** 3,500.00	

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

Payee 1:	S$ 3,500.00	Name 1:	SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—