15/5/2010

INS. CASE OWNER: LALITHA | CC 4/III1900 6100, KZ 6639 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 5/4/19. Date / Time : 5/4/19

Registered in Merimen: 8/4/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHB 4387C (TRADE PLATE)	Claim No. :	
Name of Insured :	CTPL	Policy No. :	M484147
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 3/4/19.	Place of Accident :	BRADDELL WKSP - CDGE.

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

If **NO**, Driver Name / Age : WANG ZHIHAN. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHB 4437S → → →

INSRS: WSP: CDGE Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHB 4437S – X
	SHB 4387C – [illegible] 2nd, OM: 5/4/19
11/04/19	- PTV REVIEWED. OIV REVERSING OUT.
	CEEK LIABILITY MANDATE.
	- FINALISED
	- III ACCEPTED b/o
	- ORIGINAL TP LOD IN
14/05/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
22/05/19	- SEEK MANDATE TO III BY MERIMEN
23/05/19	- III APPROVED MANDATE
03/06/19	- SEND 1ST OFFER TO TP.
	- TP ACCEPTED OFFER.
	- ALL DOCO 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:	
After call ltr to OI:	

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: P/P S$ 4,422.96 (3 days) Reduction: 24 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 03/06/19 Confirm with AILEEN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28. Ass. Lia : (OIV REVERSED OUT)
Repair Cost (w/GST)	S$ 4,732.57	
Loss of Rental (LOR):	S$ 394.35 (3.5 days) x $ 112.67	
Loss of Use (LOU):	S$ 140.00 ($ 40 x 3.5 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: $350.00
Total:	S$ 5,266.92 **Global Sum S$:** —	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,266.92	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—