15/5/2010

INS. CASE OWNER: CC 3 /EQI1900 7708, 47463 | LKK: IDAC:

ASSIGNMENT

Surveyor: kalvin DOI: 11/4/19 Date / Time : 11/4/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GY 8152E Claim No. : DMIAH0014BV

Name of Insured : NETWORK CARGO HANDLERS PTE LTD Policy No. : DMCPTHA 18 -000738

Insured Tel No. : HP: Make / Model : MITSUBISHI

Excess Sec II :S$ D.O.A : 11/4/19. Place of Accident : BOON TAT ST TURN INTO AMOY ST

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

If **NO**, Driver Name / Age : VELAYAMY S/O V ERISHNAN OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

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

SH 6703A →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: WIBE	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SH6703A - X GY 8152E - Y
11/6/19	- TP VIDEO IN. V/VICKY GIVEN Email workshop to get video.
11/6/19	- Receive cctv From TP.
	-
	-
	-
	- FINALIZED
	- ORIGINAL TP LOD IN
07/11/19	- SEND 1ST OFFER TO TP
	- TP ACCEPTED OFFER. NO BV.
	- 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:	> 11/6/19 VIVIAN
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: NO BV		
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: 25/04/19 Sent By: VY

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 300.00 (2 days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/11/19 Confirm with SUM		Email / Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 321.00		OI FROM MINOR ROAD TP VIDEO IN
Loss of Rental (LOR):	S$ 321.00 (2.5 days) X $128.40		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ 125.00 ($ 50 x 2.5 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: $400.00
Total:	S$ 774.49 **Global Sum S$:** 770.00		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 770.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—