15/3/2016

~~DIC~~ CASE OWNER: CC 4, AIG 1900 7375, Kha3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 29/4/19 Date / Time : 26/4/19

Registered in Merimen: 26/4/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SDE 8832P

Name of Insured : Dawn Shipping & Transport Com. P/L.

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 23/4/19

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : 0 % **Final ? Yes / No**

SGY8166M →

INSRS:
WSP: Alan United
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGY8166M - CP(AIG 0800 5307)/Kgw ; DOA: 3/12/07
	SDE8832P, x
23/5/19	- INFORMED OID ABOUT TP CLAIM AND AWARE NCD ISSUES.
4/6/19	- SETTLED WITH TP
	- 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:	
After call ltr to OI:	> 23/5/19 NO-OK

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$ 2,477.16 (3 days) Reduction: 54 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 4/6/19 Confirm with kenny Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 2650.56	COLD (REAR-ENDED TP)
Loss of Rental (LOR):	S$ 500.00 (5 days) x $100	
Loss of Use (LOU):	S$ – ($ x 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: TP
Legal Cost	S$ –	3) Survey fee: $320
Total:	S$ 3152.56 Global Sum S$: –	

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

Payee 1:	S$ 3152.56	Name 1:	Alan's United Auto Pte Ltd
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—