15/5/2010

INS. CASE OWNER: CC4/LPC190010176. / 2h63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Fulvin DOI: 7/6/19. Date / Time : 7/6/19.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SBE 831L Claim No. : 18/19/19/UPD5/0190Y

Name of Insured : ELTRALO HOLDINGS PTE Policy No. : 318UP150189 06.

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

Excess Sec II :S$ D.O.A : 21/5/19. Place of Accident : STEVENS RD

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

If **NO**, Driver Name / Age : TAN SOON HOW. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SH 6761E → → →

INSRS: WSP: LOGE Tel : Liability : 19 RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SH6761E – 1
	SBE 831L – WA/LPC19008623/19 DOA: 19/5/19.
	- FINALISED
	- TP LOD IN
	- TP SCENE PHOTOS IN. SHOWS CONTACT
19/06/19	- LPC CCU INSTRUCTED TO CALL OI.
	OI DENIED COLLISION
	- COLOURED SCENE PHOTOS IN.
21/06/19 @ 6:54PM	- CALL OI. NO RESPONSE.
	- OI CALLED BACK. REPLIED LPC BLAME
18/08/19	- TYPE REPORT
	- REPORT DONE
	- NO FEEDBACK FROM OI.
01/10/19	- SEEK MANDATE APPROVAL TO LPC
02/10/19	- LPC APPROVED MANDATE
	- SEND 1ST OFFER TO TP. TP REJECTED.
	- LPC AGREED G/S @ $1.8K. SEND 2ND OFFER.
09/12/19	- TP ACCEPTED OFFER. ALL DOCS IN ORDER

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: 10/06/19 Sent By: 63

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 814.45 (2 days) Reduction: 56 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03/10/19 Confirm with KAZALI Email / Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 871.46		OLD REAR-ENDED TP
Loss of Rental (LOR):	S$ 689.70	(5.5 days) x $125.40	
Loss of Use (LOU):	S$ —	($ x days)	
Loss of Income (LOI):	S$ 275.00	($50 x 5.5 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI / **[Tick only one]**	
GIA/LTA Search	S$ 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: $400.00
Total:	S$ 1,843.65	**Global Sum S$:** 1,800.00	

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

Payee 1:	S$ 1,800.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—