15/5/2010

INS. CASE OWNER: CC 4/EQI1901 0786 / U

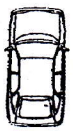
LKK:
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 8/7/19. Date / Time: 17/6/19

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKP 7186L
Name of Insured : CHEE YEW FAT
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 6/6/19.
Is driver the owner? (YES / NO)

Claim No. :
Policy No. : DMP PH018-005773-
Make / Model : VOLKSWAGEN.
Place of Accident : UP EAST COAST RD
Nature of Accident :

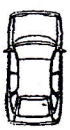
If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

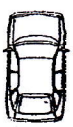
SKC 1823P → → →

INSRS:
WSP: HOCK WAH.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKC 1823P — X SKP7186L — X
25/6/19	Tried calling OI but no answer, will call again later.
	OI called back, informed of TP claim
16/10 -	Offer TP base on 50% amt $490.00 (Pending acceptance)
15/1 -	Settle @ $490. NO DV required. File pass me 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:	25/06/19 - SUMARY

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	✓	
After call ltr to OI:	✓	
Authorisation To Act:	✓	
Release Voucher:	X	
Final Repair Bill:	✓	
Car Rental Invoice:	X	
Towing Invoice	X	
LTA / GIA :	✓	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	X	
LOD	✓	
Payment Breakdown Form:		
Post-Repair Photos:	X	
Others:	X	

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: Marcus.
Repair Cost: YS S$ 800.00 (2 days) Reduction: $689.00 % 46 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14/1/2020 Confirm with Anyura Email ✓ Call ☐

Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : 9e	If NO or B 28, Ass. Lia :
Repair Cost: 856.00	S$ 428.00	(W/GST)	Both parties turning.
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU): 120.00	S$ 60.00	($ 60 x 2 days)	
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ☐ LOU only ✓	LOR + LOU ☐	LOR + LO ☐ [Tick only one]	COPY SENT 14/1/2020
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: $400.
Total:	S$ 490.00.	**Global Sum S$:**	

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

Payee 1:	S$ 490.00	Name 1:	Hock Wah Motor Workshop Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

22/1/2020