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15/5/2010

INS. CASE OWNER: | CC6 /EGI1901 1401 / 4463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Marven DOI: 19/6/19 Date / Time : 27/6/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YN 1125Y		Claim No. :	
Name of Insured : Hiap Tat Minjing Oil		Policy No. :	DMFG19005306
Insured Tel No. :	HP:	Make / Model :	Mitsubishi
Excess Sec II :S$	D.O.A : 26/6/19	Place of Accident :	Geylang Rd
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age : Chua Pang Teck		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SLL 1329R →

INSRS: WSP: Tel : Liability : RMKS: Fastech.	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	~~SLL1329R } NA/ATG 19011381/49 DOA: 26/6/19~~ ~~YN1125Y~~	
2/7/19	Called OI to inform TP claim	
	- ~~FINALISED~~	
	- ORIGINAL TP LOD IN.	
23/08/19	- SEND ACCEPTANCE EMAIL TO TP.	
	- NO DV REQUIRED	
	- 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:	20/07/19 - Sunny

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☑	☐
Authorisation To Act:	☑	☐
Release Voucher: NO DV	☐	☐
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: 23/08/19 Sent By: VIC

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 4,264.16 (4 days) Reduction: 59 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/08/19	Confirm with	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia : COLD HIT PARKED TP
Repair Cost: (w/GST)	S$ 4,562.65		
Loss of Rental (LOR):	S$ 200.00 (2 days) x $100.00		BELOW 80K MANDATE NO DV
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ 7.45		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $400.00
Total:	**S$** 4,770.10	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,770.10	Name 1: FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	