15/5/2010

INS. CASE OWNER: BERNARD | CC 4/AIG1901 3620 / F463 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Ram. DOI: 5/8/19. Date / Time : 2/8/19.

Registered in Merimen: 5/8/19.

Pre-assign / CCU / FTE

Insured Vehicle No. :	SCN 23A	Claim No. :	17A9N0488G6G
Name of Insured :	CHOO KAI JIE DYLAN	Policy No. :	7004997V7-08
Insured Tel No. :	HP:	Make / Model :	AUDI
Excess Sec II :S$	D.O.A : 7/7/19.	Place of Accident :	QUEEN ST NEAR CP
Is driver the owner? (YES / NO)	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**

SJX 2209H → ______ → ______ → ______

INSRS: WSP: Beng Hai. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJX 2209H-X SCN 23A-X
08/08/19	- FILE REVIEWED. OI REAR-ENDED TP. SEND LETTER & CLAIM TO OI.
	- TP RENTAL INVOICE/AGREEMENT IN
	- TP LOD IN
25/09/19	- UPLOAD IA IN MERIMEN
08/10/19	- MG APPROVED MANDATE
09/10/19	- SEND 1ST OFFER TO TP.
	- TP ACCEPTED OFFER.
	- 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:	08/08/19 - Vic

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: LS S$ 850.00 (3 days) Reduction: 50 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/10/19 Confirm with HON CHENG Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : COI REAR-ENDED TP)
Repair Cost:	S$ 850.00	
Loss of Rental (LOR):	S$ 300.00 (3 days) x $100.00	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ —	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	**S$** 1,150.00 **Global Sum S$:** —	

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

Payee 1:	S$ 1,150.00	Name 1:	BENG HAI MOTOR SERVICE
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	