15/5/2010

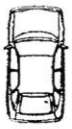
INS. CASE OWNER: CC 6/AIG1901 5075, Adr. | LKK: | IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 26/8/19. Date / Time : 26/8/19.

Registered in Merimen: 27/8/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ. 197P. Claim No. : 20085621/9059

Name of Insured : MELBURNE ENGINEERING PTE Policy No. : 1800140027.

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

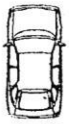
Excess Sec II :S$ D.O.A : 20/8/19. Place of Accident : 2ND MILE FOOD CENTRE UP

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

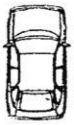
If NO, Driver Name / Age : DHAYAPARAN MUTHUKUMARASAMY OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

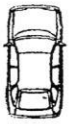
SLR 9909H → → →



INSRS:
WSP: FONG MOTORS.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLR 9909H - X GBJ 197P - X
06/9/19	T/P WAS AT FAULT. WE CAN REJECT T/P'S CLAIM.
27-03-20	TO REJECT T/P GIVING OUR GROUNDS OF OBJECTION. (SEE COMMENTS)

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ 1950.00 (3 days) Reduction: 55 % Email ☐ Call ☐

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

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : N/C	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ (S x days)	
Loss of Income (LOI):	S$ (S x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [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: WP
Legal Cost	S$	3) Survey fee: $290
Total:	**S$** **Global Sum S$:**	

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

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	