15/5/2010

INS. CASE OWNER: EILEEN BAY | CC4/FWD19017618/Apa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 08/10/19 Date / Time : 04/10/2019

Registered in Merimen: 07/10/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SKE 453U Claim No. :

Name of Insured : MOK KEAT HAR Policy No. : PNPV2019-00012516

Insured Tel No. : HP: +65-96871071 Make / Model : FORD FOCUS 1.6 TREND 5-DR C346

Excess Sec II :S$ D.O.A : 03/10/2019 Place of Accident : UBI CRESCENT

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

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

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

SMJ 826C → → →

INSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKE 453U - CI/TP16012698/D; DOA: - SMJ 826C -X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
14/04/2020	PLS SEE VIEWS FOR DETAILS	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: L/sum	S$ 3,000.00 (3 days) Reduction: 57 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/04/2020	Confirm with Jing Yee	Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : 14(a)	If NO or B 28, Ass. Lia :
Repair Cost: 3,000.00	S$ 1,500.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU): 180.00	S$ 90.00 ($ 60 x 3 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/[redacted]
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $500.00
Total:	S$ 1,597.45	**Global Sum S$:** 1,590.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 1,590.00	Name 1:	Hua Meng Spray Painting Workshop	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		