15/5/2010

INS. CASE OWNER: | CC 6 /CTI1902 0395 / Tih63 92 | LKK: | IDAC:

ASSIGNMENT

Surveyor: TAUFIKH | DOI: 18/11/19 | Date / Time : 18/11/19 | Registered in Merimen: 18/11

Pre-assign / CCU / FTE

Insured Vehicle No. :	SMP 9374Z	Claim No. :	SNM19DN05453
Name of Insured :	ALLIANCE LEASING P/L	Policy No. :	DMHCSN1A1119 6L900
Insured Tel No. :	HP:	Make / Model :	MERCEDES.
Excess Sec II :S$	D.O.A : 15/11/19.	Place of Accident :	MARINA BAY SAND.
Is driver the owner?	(YES / NO)	Nature of Accident :	
If NO, Driver Name / Age :	ROEZAN BIN RUSLI	OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO	
Driver Tel No. :	(V/L: (YES) / NO)	Insured Liability : %	**Final ? Yes / No**

SMP. 9374Z → SHP 2321U → SMW 3936Z → ______

INSRS: WSP: Tel : Liability : RMKS: OI	INSRS: WSP: Prime Auto Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHP 2321U – X SMP9374Z – X	
20/11/19	– FILE REVIEWED. OID INVOLVED IN A 3 VEH. C.C.; OID CAST CATC. SEND LETTER TO OI COMPANY. – FINALISED – ORIGINAL TP LOD IN	
09/12/19	– TYPE REPORT FOR MANDATE APPROVAL – REPORT DONE	
14/01/2020	– SEEK MANDATE TO CTI BY EMAIL – OI APPROVED MANDATE – SEND ACCEPTANCE EMAIL TO TP. – 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:	20/11/19 - 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: 19/11/19 Sent By: bB

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L19	S$ 6,900.00 (8 days)	Reduction: 40 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/01/2020	Confirm with ALICE	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100% (3 VEH. C.C. OIO LAST)
Repair Cost (W/GST)	S$ 7,383.00		
Loss of Rental (LOR):	S$ 800.10	(9 days) X $88.90	
Loss of Use (LOU):	S$ —	($ x days)	
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ✓	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 2.00		
Medical:	S$ —		1) Claim status: (Normal)/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: 480.00
Total:	S$ 8,185.10	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 8,185.10	Name 1: PRIME AUTO CLAIMS SERVICE PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	