15/5/2010

INS. CASE OWNER: May Anne | CC4 /FCI190 21776 / R1 Da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 13/01/2020 Date / Time : 9/12/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 4120K Claim No. : D19007607mfs1

Name of Insured : UPL Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 30/11/2019 Place of Accident :

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

If NO, Driver Name / Age : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : Insured Liability : % **Final ? Yes / No**

SMH 8432 M → → → →

INSRS: WSP: TC AUTOCLINIC Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SMH 8432 M - X SHA 4120K - C8/FCI 1301/19/Ggt3 DOA 23/06/13
09/01/20	- FILE REVIEWED. OID FROM SUP ROAD. - SEEK LIABILITY MANDATE - FCI AGREED TO DO D/D. - FINALIZED
06/02/2020	- TYPE REPORT WHILE PENDING TP LOD - REPORT DONE
	- TP LOD IN
27/02/2020	- SEEK MANDATE APPROVAL TO FCI - FCI APPROVED MANDATE - SEND LOT OFFER TO TP
10/06/2020	settled and closed.

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: 24/01/2020 Sent By: 93

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 6,293.26 (5 days) Reduction: 24 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05/06/2020 Confirm with HO Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 1	If NO or B 28, Ass. Lia : COID FROM SUP ROAD
Repair Cost:	S$ 6,733.79	
Loss of Rental (LOR):	S$ — (days)	ORIGINAL LOD W/ FCI
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S$ —	1) Claim status: Normal/Reject/Private Settle
Medical:	S$ —	2) Report Format: TP
Disbursement:	S$ — (e.g. Tow/ Independent)	3) Survey fee: $350.00
Legal Cost	S$ —	
Total:	**S$ 7,033.79** **Global Sum S$:** —	

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

Payee 1:	S$ 7,033.79	Name 1:	TC AUTOCLINIC PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—

COPY SENT 10/1/2020