15/5/2010

INS. CASE OWNER: KAREN | CC 4/FCI 190 219214, Ph639 | LKK: | IDAC:

ASSIGNMENT

Surveyor: RHM DOI: 11/11/19 Date / Time : 11/11/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHA 3706D.	Claim No. :	D1900783GMFSH/1
Name of Insured :	CTDL	Policy No. :	D18188976 MFSH
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 10/11/19.	Place of Accident :	MARINA ONE TOWER
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age : THEW KIM SENG		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHD 1291D → → →

INSRS: WSP: premier. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		**STAGE**	**DATE / PIC**
	SHD 1291D - X SHA 3706D - X	Non-Reporting ltr (1st):	
11/01/20	- PIC REVIEWED. OID PAX OPEN DOOR, HIT TP.	Non-Reporting ltr (2nd):	
	- SEEK LIABILITY MANDATE	Non-Reporting ltr (Final):	
	- FINALISED	Notification ltr (if non-pickup):	
	- TP LOD IN BY CWS	Call OI:	
09/03/2020	- TYPE REPORT FOR MANDATE APPROVAL	After call ltr to OI:	
	- REPORT DONE		
30/03/2020	- SEEK MANDATE APPROVAL TO FCI		
	- FCI INSTRUCTED NO BS.		
	- SUBMIT WP REPORT		
	- TO CLOSE		

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: TP CI 4 DL	☑	☐

PRELIMINARY ADVICE Date/Time: 16/12/19 Sent By: LB

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 950.00 (3 days) Reduction: 37 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 26		If NO or B 28, Ass. Lia : (OID PAX OPEN DOOR)
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ — (days)		ORIG. LOD W/ FCI
Loss of Use (LOU):	S$ — ($ x days)		FCI WILL HANDLE
Loss of Income (LOI):	S$ — ($ x days)		SETTLEMENT
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: WP REPORT
Legal Cost	S$ —		3) Survey fee: $233.00
Total:	**S$** —	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ —	Name 1:	~~PREMIER AUTOMOTIVE SERVICES PTE LTD~~
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—