15/5/2010

INS. CASE OWNER: LOH Cynthia 6568804843

CC4/ASM20005745/Aba3

LKK:

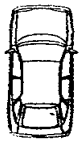
IDAC: 169441

ASSIGNMENT

Surveyor: ADRIAN DOI: 15/05/2020 Date / Time : 14/05/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJB 9406A Claim No. : S0M02NT9

Name of Insured : DINESH KUMAR S/O PACHAIMUTHU YANASAKARAN Policy No. : GA499191

Insured Tel No. : HP: Make / Model : SUZUKI SWIFT-1.5 (A)

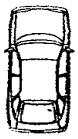
Excess Sec II :S$ D.O.A : 10/05/2020 10:45 Place of Accident : SUMANG WALK & SUMANG LINK JUNC

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

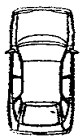
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

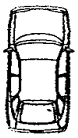
SJR 3651M → → →



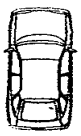
INSRS:
WSP: CARWAY
Tel : ENTERPRISE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJR 3651M - NA/INC20005649/h4 10/05/2020	
	SJB 9406A - NA/INC20005649/h4 10/05/2020	
29/09/2020	SETTLED AND CLOSED / NO PHY FILE	

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: L/S	S$ 7,200.00 (6 days)	Reduction: 55.82 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26/09/2020	Confirm with CUI PING	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 11a	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 7,200.00		
Loss of Rental (LOR):	S$ 600.00 (6 days)	X $100.00	
Loss of Use (LOU):	S$ ($ x days)		OI make U-turn and hit TP who's going straight
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/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 7,807.45	**Global Sum S$:** 7,800.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,800.00	Name 1:	CARWAY ENTERPRISE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	