15/5/2010

INS. CASE OWNER: Mike | CC 6 /III150 13859 / Kha352 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 14.08.15 Date / Time : 14.08.15

Registered in Merimen: 17.08.15

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 1522T Claim No. : MCT1507107?

Name of Insured : CTPL Policy No. :

Insured Tel No. : 65508768 HP: Make / Model : HYUNDAI SONATA 2.0 (A)

Excess Sec II :S$ D.O.A : 28.07.15 Place of Accident : HILL STREET

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

If NO, Driver Name / Age : LIM LIANG CHYE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

YL 293L → → →

INSRS: WSP: K Kim Hin Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	FOR CSO ONLY:
20/8/15	**Is driver the owner? (YES / NO)**
VK	**If NO, Driver Name / Age :**
	Driver's Own Vehicle Number: **Insurance Company:**
	YL 293L - (C)/BBE15001090/H1W93W3 d.o.a - 17/1/15
	SHL 1522L - X
	- NO NEED TO CALL OI/OID.
	- NO NEED TO SEND LETTER TO OI.
20/08/15	- FILE REVIEWED, OIP REAR-ENDED TP.
	- EMAIL III FOR LIABILITY MANDATE.
03/09/15	- III APPROVED LIABILITY.
	- EMAIL LIABILITY CLEAR.
	- TO FINALISE COR.
	Email to wkshop given 10days notice.
08-8-19	REAR ENDED LIABILITY IS DOWN. ACCIDENT ON 2015 ASK T/P TO SUBMIT DOCS SOONEST POSSIBLE IN ORDER TO CLOSE FILE

STAGE	DATE / PIC
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	VK
After call ltr to OI:	
Type Report:	
Prepare Invoice:	
Others:	

Documentation Check List:	Handler	Typist
OI Apt Ltr:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
Approval Email:	☐	☐
Payment Breakdown Form:	☐	☐
Others:	☐	☐

COPY SENT 3/9/19

FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: L/S	S$ 2,150.00 (3 days)	Reduction: 29 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13.08.20	Confirm with CARIN	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,300.50	OID REAR ENDED	TP
Loss of Rental (LOR):	S$ -	(days)	
Loss of Use (LOU):	S$ 480.00	($ 120 x 4 days)	
Loss of Income (LOI):	S$ -	($ x days)	
LOR only ☐	LOU only ☑ LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 5.35		
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 - $250 = $100
Total:	S$ 2,785.85	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 13.08.20	Confirm with: CARIN	Email ☐ Call ☐
Payee 1:	S$ 2,785.85	Name 1:	K KIM HIN AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	