

INS. CASE OWNER:

CC3 /LPC160

13956, Khg3m2

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

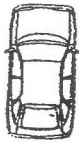
ASSIGNMENT

26/7/16

Date / Time:

26/7/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

8JG 8301 Z

Name of Insured:

Jusrick Bin Abdullah

Insured Tel No.:

HP:

98221415

Excess Sec II :SS

D.O.A.:

22/7/16

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

16/16/16/VP05/019052

Policy No.:

216VP05010945

Make / Model:

Toyota Vios 1.8 Auto

Place of Accident:

Along JKE towards 8LE

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

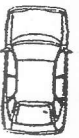
Final ? Yes / No

8HA15005

SJM 78544

8JG 8301 Z

8M15346J - 8JG 8301 Z



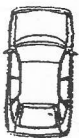
INSRS:

WSP:

Tel:

Liability:

RMKS:



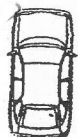
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

26/7/16

8M15346J - 8JG 8301 Z - 8M15346J - 8JG 8301 Z

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:

27/07/16

Sent By:

93

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

S\$ 25,246.04

(12 days) Reduction:

23 %

Confirm by:

Email

Call

FINAL SETTLEMENT

Date/Time:

22/07/19

Confirm with:

WAI YIN

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

0%

Repair Cost:

S\$ 27,015.40

Loss of Rental (LOR):

S\$ 1,669.20

13 days

x 4/28.40

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\$

6.00

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

28,690.60

Total:

S\$

28,690.60

Global Sum S\$:

27,500.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

27,500.00

Name 1:

TRANS-CAD AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$450.00