

15/5/2010

INS. CASE OWNER:

CHOOK LEE WAI
IUY

CC 3 / LCR170

18831, Kwa3 gr

LKK:

IDAC:

Surveyor:

KSL

DOI:

ASSIGNMENT

24/09/2017

Date / Time:

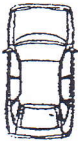
24/09/17

Registered in Merimen:

24/09/17

Pre-assign / CCU / FTE

SLF 58815



Insured Vehicle No.:

Claim No.:

6505648840SG

Name of Insured:

LCRF PTE LTD

Policy No.:

999995170

Insured Tel No.:

HP:

Make / Model:

TOYOTA SIENNA

Excess Sec II :SS

D.O.A.:

24/09/2017

Place of Accident:

PIE (TOWARDS CHANGI AIRPORT)

Is driver the owner?

(YES ☐ NO ☒)

Nature of Accident:

If NO, Driver Name / Age: SEO CHEE HWA (XIAO ZHIHUA)

OI GIA REPORT ☒ YES / NO ☐ NO ; TP GIA REPORT ☒ YES / NO ☐ NO

Driver Tel No.: 3158 4255

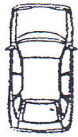
(V/L ☒ YES / NO ☐ NO)

Insured Liability:

%

Final ? Yes / No

SHB 7671L



INSRS:

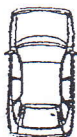
WSP:

Tel:

Liability:

RMKS:

Trans-Gab



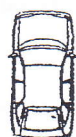
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

11/10
WAISHB 7671L - CLAIMA 17/10/2017 / KLB2: 20/10/17
SLF 58815 - X

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:

21/10/17 email
21/10/17

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: NO ACTION

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:

L6

S\$ 11,350.00

(15 days)

Reduction:

54 %

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

20.02.21

Confirm with: WAI YIN

Email ☐Call ☐

Final Liability:

%

50

(Agreed / Assessed)

BOLA S/N No.:

N/L

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 12,144.50

S\$ 6,072.25

Loss of Rental (LOI):

S\$ 871.75

(30 days)

X \$ 75.75

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\$ 5.35

S\$ 5.35

Medical:

S\$ -

S\$ -

Disbursement:

S\$ -

S\$ -

Legal Cost

S\$ -

S\$ -

Total:

S\$ 13,805.35

S\$ 6,905.35

Global Sum S\$:

FINAL PAYMENT

Date/Time:

20.02.21

Confirm with: WAI YIN

Email ☐Call ☐

Payee 1:

S\$ 6,905.35

Name 1:

TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-