

15/5/2010

INS. CASE OWNER:

CC 3 / AXA1702

1146 / KMM

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ESC

DOI:

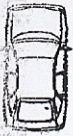
2/11/12

Date / Time:

2/11/12

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

86L 73005

Name of Insured:

YAP 800 N SIM

Insured Tel No.:

HP:

93398204

Excess Sec II :\$

D.O.A.:

01/11/12

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

STMO0304

Policy No.:

GA0886311

Make / Model:

MERCEDES

Place of Accident:

ROBINSON RD TOWNSHIP NTUC
CENTRE AT MARINA BVD

If NO, Driver Name / Age:

Driver Tel No.:

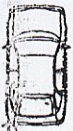
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SHD 356H



INSRS:

WSP:

Tel:

Liability:

RMKS:

TRANS
CAB

INSRS:

WSP:

Tel:

Liability:

RMKS:



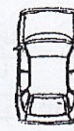
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

2/11/12
MTT

SHD 356H - 11/11/12 18:30 / KMM DOA - 18/11/12
86L 73005 - X
Smart claim.
Called OI, Mr Yap. Confirm accident.
No video evidence. Inform TP claim.
Advise OI that it is likely 50/50. OI
will let insurance to handle & aware NCD
issue.
OI got photos & will send to us.

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:

PIP

\$S

8976.19

(4 days)

Reduction:

88

%

Email

Call

FINAL SETTLEMENT

Date/Time:

27/5/12

Confirm with:

WAYM

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

WYGM

\$S

4254.52

Loss of Rental (LOR):

\$S

475-83

(4.5 days)

Loss of Use (LOU):

\$S

-

(\$ - x - days)

Loss of Income (LOI):

\$S

225-00

(\$ 50 x 4.5 days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$S

5.35

Medical:

\$S

-

Disbursement:

\$S

-

Legal Cost

\$S

-

Total:

\$S

4960.70

Global Sum \$S:

48W-00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

48W-00

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: