

INS. CASE OWNER:

Inu

CC3 / CTI17022709 / Kba3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

28/11/17

Date / Time:

28/11/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GRE 577H

Claim No.:

PNM17006789/02/17

Name of Insured:

DESHIN ENGINEERING & CONSTRUCTION
PTE LTD

Policy No.:

DMCVSN1696191600

Insured Tel No.:

HP:

Make / Model:

TOYOTA DYNA 100-3.00(M)

Excess Sec II :SS

D.O.A.:

24/11/17

Place of Accident:

RAFFLES BOULEVARD

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age: HOON MOW SING

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

Driver Tel No.: 9657 9456

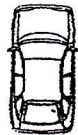
(V/L: ☒ YES / NO)

Insured Liability:

%

Final ? Yes / No

SHB 7536U



INSRS:

WSP: Trans-Cab (AMK)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

04/12/17 (vic)

SHB 7536U - X ; GRE 577H - X

FINALED.

07/12/17 @ 11:00 AM

CALL OI. NO RESPONSE. FILE REVIEWED.
CONCLUDING VERSIONS. SEND LETTER TO OI
TO NOTIFY TP CLAIM IN NCD ENDS.TO GET EVIDENCE FROM BOTH DRIVERS.
OIL CAUSE PRIC. UNHANDLED OPERATING.

20/12/17

25/01/18

OI FILE CAUSE IN. FORWARDED PHOTOS.
TOTAL @ TC. SETTLED @ 50%.

ORIGINAL TP FOR IN.

15/02/18

26/02/18

SEND BV TO TP. PENDING ORIG. COPY.

ORIG. BV IN. ALL DOCS IN ORDER.

TO CLOSE.

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:

07/12/17 - vic

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: 29/11/17

Sent By: Shirley Hwe

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 49

S\$ 2200.00 (2 days) Reduction: 87 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

S\$ 50 (Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost: \$2,351.00

S\$ 1,177.00

CONCLUDING VERSIONS

Loss of Rental (LOR): \$100.00

S\$ 75.25 (2 days) X \$75.25

Loss of Use (LOU): \$100

S\$ 50.00 (\$ 50 x 2 days)

Loss of Income (LOI): -

S\$ - (\$ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]

GIA/LTA Search \$5.55

S\$ 5.55

Medical: -

S\$ -

Disbursement: -

S\$ -

Legal Cost: -

S\$ -

Total: \$2,609.85

S\$ 1,307.60

Global Sum S\$: 1,310.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 1,310.00

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:

-