15/5/2010

INS. CASE OWNER: JACLYN | CC 3 /AIG1702 2802 / KX63 | LKK: / IDAC:

ASSIGNMENT

Surveyor: ESC

DOI: 29/11/17

Date / Time : 29/11/17

Registered in Merimen: 30/11/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SKU 9073P

Claim No. : 7669143568 SG

Name of Insured : LAI MUN ONN

Policy No. : 7100477742

Insured Tel No. : HP: 96776117

Make / Model : LEXUS

Excess Sec II :S$ D.O.A : 29/11/17

Place of Accident : OUT OF DRIVEWAY OF BLK 4 8AH

Is driver the owner? (YES / NO) — YES circled

Nature of Accident :

If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO (YES circled for both)

Driver Tel No. : (V/L: YES / NO) — YES circled

Insured Liability : % **Final ? Yes / No**

SHD 9487D →

INSRS: / WSP: / Tel : / Liability : / RMKS:	INSRS: / WSP: / Tel : / Liability : / RMKS:	INSRS: / WSP: / Tel : / Liability : / RMKS:	INSRS: / WSP: / Tel : / Liability : / RMKS:
trans cab.			

Date/ Time	
4/12/17 7PM	SHD 9487D – CC1/AIG1701 [illegible] KU63 DOA: 18/7/17
	SKU9073P – X
	– TP VIDEO FOOTAGE UPLOADED IN MERIMEN
12/11/18	Pending Evidence, photos . . –
13/11/18	Spoke to OI informed TP claim and he agree to let insurance to handle.
	– FINALIZED.
	– ORIGINAL TP LOD IN.
13/11/18 29/11/18	– SEND 1ST OFFER TO TP
	– TP ACCEPTED OFFER.
	– ALL DOCS IN ORDER.

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:	15/11/18 EMAIL ONLY

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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: LIS S$ 2,850.00 (2 days) Reduction: 86 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 29/11/18 Confirm with WAI YIN Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 1	If NO or B 28, Ass. Lia : (OI WITH STOP LINE)
Repair Cost: (w/GST)	S$ 3,049.50	
Loss of Rental (LOR):	S$ 301.00 (4 days) x $75.25	
Loss of Use (LOU):	S$ 200.00 ($ 50 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 (Normal circled)
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –	3) Survey fee: $320.00
Total:	S$ 3,555.85 Global Sum S$: 3,500.00	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 3,500.00	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:	–