

INS. CASE OWNER:

Vale

CC 4/AXA1702 3078

IK1ha3

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

05/12/17

Date / Time :

05/12/17

Registered in Merimen:

04/12/17

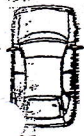
Pre-assign / CCU / FTE

ASSIGNMENT

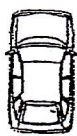


Insured Vehicle No. : SHC 5126C
 Name of Insured : TRANS-CAB SERVICES PTE LTD
 Insured Tel No. : HP:
 Excess Sec II : \$5,000.00 D.O.A : 01/12/17
 Is driver the owner? (YES ☒ NO) Nature of Accident :
 If NO, Driver Name / Age : KOH KIM LYE KEVIN
 Driver Tel No. : 9450 1551 (V/L ☒ YES / NO)

Claim No. : COAG3895
 Policy No. : VPX/P1680520
 Make / Model : RENAULT LATITUDE - 2.0 DCI AUTO
 Place of Accident : DAB 402 (A)
 ECP TOWARDS CHANGI AIRPORT TI
 OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % Final ? Yes / No

SHC 5126C
OI

INSRS:
 WSP:
 Tel:
 Liability:
 RMKS:

SHC 860Z
TP

INSRS:
 WSP: COGZ (Loyang)
 Tel:
 Liability: TP ARC
 RMKS:



SHD 325AZ

INSRS:
 WSP:
 Tel:
 Liability:
 RMKS:



SIG 4308G

INSRS:
 WSP:
 Tel:
 Liability:
 RMKS:

Date / Time	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: 12/12/17 Sent By: AS

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 49	\$S 2,500.00 (3 days) Reduction: 90 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: (w/LOU)	\$S 2,679.00		
Loss of Rental (LOR):	\$S 922.90 (5.5 days) x \$ 167.80		
Loss of Use (LOU):	\$S 232.00 x 5.5 days		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S -		
Medical:	\$S -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S - (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$S -		3) Survey fee: 9350.00
Total:	\$S 3,872.90	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 3,872.90	Name 1: COMFORTABLE PROTECTING PTE LTD	
Payee 2: (Strike if N.A.)	\$S -	Name 2: -	
Payee 3: (Strike if N.A.)	\$S -	Name 3: -	