

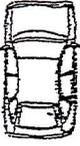
INS. CASE OWNER: Kian Chuan CC 3 / AIG170 24578 / KH PS

LKK:
IDAC:

Surveyor: RENNETH DOI: 27/12/17 Date / Time: 27/12/17
Registered in Merimen: 28/12/17

ASSIGNMENT

Pre-assign / CCU / FTE

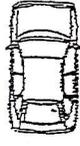


Insured Vehicle No. : SKW 3386R
Name of Insured : WENG JINQUAN
Insured Tel No. : _____ HP: 9634 0362
Excess Sec II : \$S _____ D.O.A: 28/12/17
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : _____
Driver Tel No. : _____ (V/L: YES / NO)

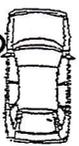
Claim No. : 496062893559
Policy No. : 2100434443-02
Make / Model : TOYOTA WIOS G GRADE 1.5 AT
Place of Accident : PASIR RIS DRIVE 3

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability: % Final ? Yes / No

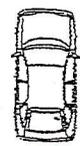
SH3 766C



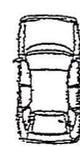
INSRS:
WSP: Trans-Cab CAMIC
Tel: _____
Liability: _____
RMKS: _____



INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



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: <u>6/1/18 > Sit Hwang</u>	
	After call ltr to OI: <u>vic-ou oetolio</u>	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>46</u>	\$S <u>5,580.00</u> (<u>5</u> days) Reduction: <u>79</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>14/06/18</u>	Confirm with: <u>WHL YIN</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>			If NO or B 28, Ass. Lia : <u>COI (KIAN - ENDED TP)</u>
Repair Cost: <u>(w/60)</u>	\$S <u>5,928.50</u>			
Loss of Rental (LOR):	\$S <u>928.68</u> (<u>12</u> days) <u>X 77.39</u>			
Loss of Use (LOU):	\$S <u>600.00</u> \$ <u>50</u> x <u>12</u> days)			
Loss of Income (LOI):	\$S <u>—</u> (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR+LOU <input type="checkbox"/> LOR+LOI <input checked="" type="checkbox"/> [Tick only one]			
GIA/LTA Search	\$S <u>5.35</u>			
Medical:	\$S <u>—</u>			
Disbursement:	\$S <u>—</u>			1) Claim status: <u>Normal/Reject/Private Settle</u>
Legal Cost	\$S <u>—</u> (e.g. Tow/ Independent)			2) Report Format:
Total:	\$S <u>7,172.53</u> Global Sum \$S: <u>7,450.00</u>			3) Survey fee: <u>4320.00</u>
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S <u>7,450.00</u>	Name 1: <u>TRANS-CAB AUTO SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S <u>—</u>	Name 2:		
Payee 3: (Strike if N.A.)	\$S <u>—</u>	Name 3:		