15/5/2010

INS. CASE OWNER: Maricel. | CC 3/~~AIG~~ UR 1702 Lebga, Kwong | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 26/12/17 Date / Time: 26/12/17
Registered in Merimen: 29/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLK 6487A	Claim No. :	9914020505[illegible]
Name of Insured :	URF	Policy No. :	99499063
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 26/12/17	Place of Accident :	BAYFRONT AVE

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : ANG BENG HIONG Driver Tel No. : (V/L: YES / NO)

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

SHB 7797H → → →

INSRS: Trans cab	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
9/1/18	SHB 7797H – x SLK 6487A – ✓
vivian	
11/1/18	Email letter to OI.
	Both parties change into 1 lane-

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	11/1/18 email
After call ltr to OI:	vivian

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:

Confirm by: Email Call

FINALIZATION Date/Time: Confirm with:
Repair Cost: S$ (days) Reduction: %

FINAL SETTLEMENT Date/Time: 20/1/18 Confirm with JASMINE Email Call
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :
Repair Cost: 3103.00 S$ 1551.50
Loss of Rental (LOR): 263.38 S$ 131.69 (3.5 days) x 75.25
Loss of Use (LOU): 175.00 S$ 87.50 ($ 50 x 3.5 days)
Loss of Income (LOI): S$ ($ x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**
GIA/LTA Search 7.45 S$ 7.45
Medical: S$ 1) Claim status: Normal/Reject/Private Settle
Disbursement: S$ (e.g. Tow/ Independent) 2) Report Format:
Legal Cost S$ 3) Survey fee:
Total: 3546.75 **S$** 1778.14 **Global Sum S$:** 1780.00

COPY SENT

FINAL PAYMENT Date/Time: Confirm with: Email Call
Payee 1: S$ 1780.00 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: