15/5/2010

INS. CASE OWNER: Ic

CC 3/AIG1800 0678 / Eh63

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kenneth

DOI: 10/1/18

Date / Time : 10/1/18

Registered in Merimen: 11/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKR 7333T	Claim No. :	47777898759
Name of Insured :	MALIK SHAMIL	Policy No. :	7100404396-07000
Insured Tel No. :	HP: 94743970	Make / Model :	MITSUBISHI
Excess Sec II :S$	D.O.A : 08/01/18	Place of Accident :	ORCHARD RD & BUYONG RD
Is driver the owner? (YES / NO) (YES circled)		Nature of Accident :	
If NO, Driver Name / Age :		OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)	
Driver Tel No. :	(V/L: YES / NO) (YES circled)	Insured Liability : %	**Final ? Yes / No**

SHC5369T → → →

INSRS: WSP: Trans Cab Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC5369T – X SKR7333T – X
15/1/18 VIC	– FINALISED.
15/1/18 @ 1233pm:	called OI, Mr Malik, 94743970 but no respond –
15/1/18 @ 1345.	returned called from OI wife Mrs Malik – agreed to settle on TP claims. Aware of NCD issue. will cent our letter
19/01/18	– SEND LETTER TO OI.
	– FOR BULK SETTLEMENT
	– TP VIDEO SAVED V DRIVE / VIC / SHC5369T
	– UPLOADED IN MERIMEN
24/1/19 –	RTM ✓ – SETTLED
	– ORIGINAL TP LOD IN.
11/02/19	– SEND ACCEPTANCE EMAIL TO TP.
14/02/19	– RECEIVED DV. 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:	15/1/18 7 SIN Hawa
After call ltr to OI:	19/01/18 – 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: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 3,500.00 (2 days)	Reduction: 89 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/02/19	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) (Agreed circled) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : CLOTH TURNING)
Repair Cost: (W/GST)	S$ 3,745.00		
Loss of Rental (LOR):	S$ 253.65 (2.5 days)	X $101.46	TP VIDEO IN – OI GOING STRAIGHT
Loss of Use (LOU):	S$ 125.00 ($ 50 x 2.5 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☑ [Tick only one]	
GIA/LTA Search	S$ 7.49		
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: $320.00
Total:	**S$** 4,131.14	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,131.14	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: —	