15/5/2010

INS. CASE OWNER: TAN BONNIE | CC 3 / AIG1800 0691 / Kh ja3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 9-1-18 Date / Time : 9-1-18

Registered in Merimen: 11-1-18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJX 3357G	Claim No. :	6216126103 SG
Name of Insured :	Maxsoft P/L	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 7-1-18	Place of Accident :	Bugis ~~(Bugong)~~ Rd & Orchard Rd
Is driver the owner?	(YES / NO)	Nature of Accident :	

If NO, Driver Name / Age :

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

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHB 9981D → ____ → ____ → ____

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

Date/ Time			
15/1/18	SHB 9981D - CC3/MI 15008871/Kza3n2 ; DOA: 28/6/15	**STAGE**	**DATE / PIC**
	- CC3/MI 17022291/Kza3 ; DOA: 14/11/17	Non-Reporting ltr (1st):	
Joy		Non-Reporting ltr (2nd):	
	SJX 3357G - X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
15/1	OIMP - sent out first letter.	After call ltr to OI:	20/01/2020 - EMAIL

Documentation Check List: Handler Typist

	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:		

26-4-18 NO VIDEO FROM TP

- ORIGINAL TP LOD IN

TO ARRANGE FOR HEIGHT M.

HEIGHT MEASUREMENT PICS @ JOY VDRIVE.

- HEIGHT MEASUREMENT REPORT DONE

09/03/2020 - NO RESPONSE FROM OI. SINCE LAST EMAIL

- SEND 1ST OFFER TO TP

PRELIMINARY ADVICE Date/Time: Sent By:

31/03/2020 - TP ACCEPTED OFFER. ALL DOCS IN ORDER

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L6 S$ 5,200.00 (2.5 days) Reduction: 86 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 09/03/20 Confirm with WAI YIN Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 5,564.00	
Loss of Rental (LOR):	S$ 297.96 (3 days) x $99.32	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 days)	HEIGHT MEASUREMENT REPORT
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
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 6,017.31 **Global Sum S$:** 6,000.00	

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

Payee 1:	S$ 6,000.00	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:	—