

INS. CASE OWNER.

CC 3 /AIG1800 1436, F663

LKK:

IDAC:

Surveyor:

K9C

DOI:

ASSIGNMENT

24/1/18

Date / Time :

24/1/18

Registered in Merimen:

24/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJW 8678C

Name of Insured :

Fong Yuen

Insured Tel No. :

HP:

Excess Sec II : \$\$

D.O.A :

14/01/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

TIAN YUAN

Driver Tel No. :

98994525

(V/L: YES / NO)

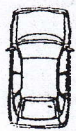
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHB 9769B



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
Cab.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
24/1/18 VIC	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	2/5/2018 VIC-OK 02/03
	After call ltr to OI:	
01/02/18 @ 09:55hrs	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	
25/4/2018 polkh 1.30pm	After call ltr to OI:	
	Authorisation To Act:	
2/5/2018 3.15pm polkh	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:	
01/10/18	PRELIMINARY ADVICE	Date/Time: Sent By:
	01/10/18 - KU DOES IN ORDER. TO CLOSE.	
	FINALIZATION	Date/Time: Confirm with:
	Repair Cost: 46	\$S 6,300.00 (5 days) Reduction: 85 %
	FINAL SETTLEMENT	Date/Time: 18/09/18 Confirm with: WAI YIN
	Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9
	Repair Cost: (WAI YIN)	\$S 6,741.00
	Loss of Rental (LOR):	\$S 595.92 (6 days) x 99.32
	Loss of Use (LOU):	\$S 300.00 x 60 x 6 days
	Loss of Income (LOI):	\$S - (\$ x days)
	LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]	
	GIA/LTA Search	\$S 5.85
	Medical:	\$S -
	Disbursement:	\$S - (e.g. Tow/Independent)
	Legal Cost	\$S -
	Total:	\$S 7,642.27 Global Sum \$S: -
	FINAL PAYMENT	Date/Time: Confirm with:
	Payee 1:	\$S 7,642.27 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: -