

INS. CASE OWNER:

CC 6 / CTI1800

2603, UEBBZ

LKK:
IDAC:

Surveyor:

Marcus

DOI:

ASSIGNMENT

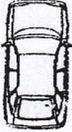
10/7/18

Date / Time :

10/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GT 480C

Claim No. :

SMM18D0109000Y

Name of Insured :

TMS FURNITURE PTE LTD

Policy No. :

PMCSM3076487701

Insured Tel No. :

HP:

Make / Model :

TOYOTA

Excess Sec II :\$

D.O.A :

10/7/18

Place of Accident :

ULMOR RD

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

SWETHARAN YAM SARAVANAN

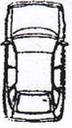
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJM 494TB



INSRS:
WSP:
Tel :
Liability :
RMKS:

Fastech



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
1/7/18	Non-Reporting ltr (1st):	
2/7/18	Non-Reporting ltr (2nd):	
3/7/18	Non-Reporting ltr (Final):	
3/7/18	Notification ltr (if non-pickup):	
3/7/18	Call OI:	05032018
3/7/18	After call ltr to OI:	
10/4/2018	Documentation Check List:	Handler Typist
10/4/2018	Notification ltr (if non-pickup)	<input type="checkbox"/>
10/4/2018	After call ltr to OI:	<input checked="" type="checkbox"/>
10/4/2018	Authorisation To Act:	<input checked="" type="checkbox"/>
10/4/2018	Release Voucher:	<input checked="" type="checkbox"/>
10/4/2018	Final Repair Bill:	<input checked="" type="checkbox"/>
10/4/2018	Car Rental Invoice:	<input checked="" type="checkbox"/>
10/4/2018	Towing Invoice:	<input type="checkbox"/>
10/4/2018	LTA / GIA :	<input checked="" type="checkbox"/>
10/4/2018	Medical Bill:	<input type="checkbox"/>
10/4/2018	PIR:	<input type="checkbox"/>
10/4/2018	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
10/4/2018	LOD:	<input checked="" type="checkbox"/>
10/4/2018	Payment Breakdown Form:	<input type="checkbox"/>
10/4/2018	Post-Repair Photos:	<input type="checkbox"/>
10/4/2018	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 10.04.18 Sent By: [Signature]

FINALIZATION Date/Time: Confirm with: Confirm by: Email Call

Repair Cost: \$4,250.00 (4 days) Reduction: 53% Email Call

FINAL SETTLEMENT Date/Time: 21/09/18 Confirm with: JAGON Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: NIL

Repair Cost: (with GST) \$4,547.50

Loss of Rental (LOR): \$ (days)

Loss of Use (LOU): \$3000 (\$60 x 5 days)

Loss of Income (LOI): \$ (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$2.00

Medical: \$

Disbursement: \$ (e.g. Tow/Independent)

Legal Cost: \$

Total: \$4,849.50 Global Sum S\$:

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$4,849.50 Name 1: PASTECH AUTO PTE LTD

Payee 2: (Strike if N.A.) \$ Name 2:

Payee 3: (Strike if N.A.) \$ Name 3: