15/5/2010

INS. CASE OWNER: | CC 3 /CTI1800 4160 / Khb3sz | LKK: IDAC:

ASSIGNMENT

Surveyor: Fenneth   DOI: 2/7/18   Date / Time : 2/7/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SBK 3300H		Claim No. :	SNMM18DIL11607
Name of Insured : WEE SEE YAN		Policy No. :	DMPCSN20530617004
Insured Tel No. :	HP: 94892528	Make / Model :	HONDA
Excess Sec II :S$	D.O.A : 28/7/18	Place of Accident :	UPP PAYA LEBAR 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**

SHC 6781K →

INSRS: trans cab	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC6781K-4 SBK3300H-4
26/4/18	3-5-18 REQUEST SENT TO TP FOR VIDEO & PIR
2093	OI COULDN'T RECALL THE EVENTS.
	- TP VIDEO IN.
18-6-18	FOR MANDATE
	* PENDING EVIDENCE / PIR
	- MANDATE APPROVED
	- CONFIRMED AMOUNT SAME TO LOD.
	RECEIVED 18 JUN 2018
28-2-19	LOD IN. FOR MANDATE
18-5-19	PENDING PIR & VIDEO

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	06/06/19 - 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: 5/7/18   Sent By: [signature]

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LG	S$ 6,050.00 (5 days)	Reduction: 85 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/07/19	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 :
Repair Cost: (w/GST)	S$ 6,473.50		
Loss of Rental (LOR):	S$ 608.76 (6 days) x $101.46		TP VIDEO IN
Loss of Use (LOU):	S$ 300.00 $50 x 6 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ [Tick only one]	
GIA/LTA Search	S$ 7.45		
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: $400.00
Total:	S$ 7,389.71	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,389.71	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: —	