

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1800

4160, Khong

LKK:

IDAC:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

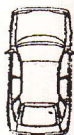
2/7/18

Date / Time:

2/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SBF 3300H

Name of Insured:

WEE SEE YAN

Insured Tel No.:

HP: 94892628

Excess Sec II :\$

D.O.A: 26/2/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

SNM8DUC607

Policy No.:

BMPEN3052061704

Make / Model:

HOWOM

Place of Accident:

UPP PLAYA LEBAR RD

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

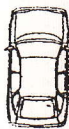
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

CHC 5781K

INSRS:
WSP:
Tel:
Liability:
RMKS:trans
cabINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
2/4/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	06/06/18 - JRC
	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:	☐
2/4/18	3-5-18 REQUEST SENT TO TP FOR VIDEO & PIR	
	OI COULDN'T RECALL THE EVENTS.	
	TP VIDEO IN.	
18-6-18	FOR MANDATE	
	* PENDING EVIDENCE / PIR	
	- MANDATE APPROVED	
	- CONFIRMED AMOUNT PAID TO LOD.	
	RECEIVED 18 JUN 2018	
28-2-19	LOD IN. FOR MANDATE	
18-5-19	PENDING PIR & VIDEO	
PRELIMINARY ADVICE	Date/Time: 5/7/18	Sent By: Jm
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L6	\$S 6,050.00 (5 days)	Reduction: 85 %
FINAL SETTLEMENT	Date/Time: 11/07/19	Confirm with: WAI YIN
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.: NIL
Repair Cost: (W) (G) (S)	\$S 6,173.50	
Loss of Rental (LOR):	\$S 608.76 (6 days)	X \$ 101.46
Loss of Use (LOU):	\$S 200.00 \$ 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 -	
Disbursement:	\$S -	(e.g. Tow/ Independent)
Legal Cost	\$S -	
Total:	\$S 7,389.71	Global Sum \$S: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 7,389.71	Name 1: TRANS-CAB AUTO SERVICES PTB LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2: -
Payee 3: (Strike if N.A.)	\$S -	Name 3: -