

15/3/2010

INS. CASE OWNER:

RECAPED

Stally

CC 4/AXA1800

4873

A1103

9

LKK:

IDAC:

Surveyor:

Admin

DOI:

ASSIGNMENT

12/2/18

Date / Time:

12/2/18

Registered in Merimen:

12/2/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 93370

Name of Insured:

TRANS CAR SERVICES PTE LTD

Insured Tel No.:

HP:

Excess Sec II :\$S

\$5000

D.O.A:

11/2/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

UM YUE HUNG

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

10472374

Policy No.:

PX / P1680520

Make / Model:

CHEVROLET

Place of Accident:

24 SEPTEMBER RD CP

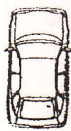
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

STK 1067A



INSRS:

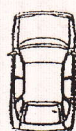
WSP:

Tel:

Liability:

RMKS:

Mg solution



INSRS:

WSP:

Tel:

Liability:

RMKS:



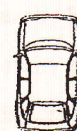
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
15/2/18	STK 1067A - CAN DO B/S	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
24/04/18	PLUS RECOVERED. OLD RECOVERED OUT & HIR TR. SEND EMAIL TO OI TO NOTIFY TP CASH.	Notification ltr (if non-pickup):	
		Call OI:	UIC 24/04/18
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐
07/09/18	TP LOW IN BY BUIL.	After call ltr to OI:	BUIL ☒
	TYPE REPORT FOR WANDATE APPROVAL	Authorisation To Act:	☒
	REPORT DONE	Release Voucher:	☒
17/10/18	RECEIVED 11 SEP 2018	Final Repair Bill:	☒
	SSMC WANDATE APPROVAL	Car Rental Invoice:	☐
	AXA APPROVED WANDATE. C 80%.	Towing Invoice:	☐
18/10/18	SEND JCT OFFER TO TP.	LTA / GIA:	☒
20/06/19	TP ACCEPTED OFFER.	Medical Bill:	☐
	ALL DOCS IN ORDER.	PIR:	☐
	TO CLOSE.	Mandate/Reject Instruction:	☐
		LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: 07/09/18 Sent By: UIC	Post-Repair Photos:	☐
		Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 49	\$S 2,300.00	4 days	Reduction: 60 %
FINAL SETTLEMENT	Date/Time: 20/06/19	Confirm with: SU WONG	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No.: 2A
Repair Cost: (w/gov)	\$S 2,461.00		If NO or B 28, Ass. Lia: LOW RECOVERED OUT
Loss of Rental (LOR):	\$S ()	() days	
Loss of Use (LOU):	\$S 200.00	60 x 5 days	
Loss of Income (LOI):	\$S ()	() x days	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	\$S 29.00		
Medical:	\$S -		
Disbursement:	\$S -	(e.g. Tow/ Independent)	
Legal Cost	\$S -		
Total:	\$S 2,790.00	Global Sum \$S: 2,230.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 2,230.00	Name 1: Mg solution pte ltd	
Payee 2: (Strike if N.A.)	\$S -	Name 2: -	
Payee 3: (Strike if N.A.)	\$S -	Name 3: -	