

15/5/2010

INS. CASE OWNER:

Irene

CC 3/CTI18005299 / Kh33

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

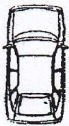
20/03/18

Date / Time :

20/03/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GRE 1627K

Claim No. :

SNM18D01423C02

Name of Insured :

WNE INTEGRATED DESIGN PTE LTD

Policy No. :

OMCVSN 3074071700

Insured Tel No. :

HP:

Make / Model :

NISSAN CABSTAR 3.0 WITH HOOD

Excess Sec II : \$\$

D.O.A. :

15/03/18

Place of Accident :

PUNGOL FIELD

Is driver the owner? (YES (NO))

Nature of Accident :

If NO, Driver Name / Age : KEGAN TAN YUAN XI

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

Driver Tel No. :

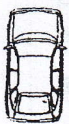
9738 1733

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

CHF 786P



INSRS:

WSP: Trans-Cab (MKA)

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
26/03/18 (v.c)	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
26/04/2018	Call OI:	26/04/2018 vic-on 2018
4pm (poh kln)	After call ltr to OI:	
26/04/2018	Documentation Check List:	
5:30pm (poh kln)	Notification ltr (if non-pickup)	
	After call ltr to OI:	
	Authorisation To Act:	
	Release Voucher:	
	Final Repair Bill:	
	Car Rental Invoice:	
	Towing Invoice:	
	LTA/LIA:	
	Medical Bill:	
	PIR:	
	Mandate/Reject Instruction:	
	LOD:	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	
PRELIMINARY ADVICE	Date/Time: 22/03/18	Sent By: Shirley Ho
	- TP ACCEPTED OFFER. ALL BODY IN ORDER	
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: 101	\$5,203.64 (2.5 days) Reduction: 87 %	Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/07/18	Confirm with: JELMINE
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	Email ☒ Call ☐
Repair Cost: (w/600)	\$5,567.93	If NO or B 28, Ass. Lia : COD 100% - ENDED TP
Loss of Rental (LOR):	\$528.70 (5 days) X \$105.74	
Loss of Use (LOU):	\$200.00 (\$50 x 5 days)	
Loss of Income (LOI):	\$ - (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [Tick only one]		
GIA/LTA Search	\$7.45	
Medical:	\$ -	
Disbursement:	\$ - (e.g. Tow/ Independent)	
Legal Cost	\$ -	
Total:	\$6,354.08	Global Sum \$: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$6,354.08	Email ☐ Call ☐
Payee 2: (Strike if N.A.)	\$ -	Name 1: TRANS-CAB AUTO SERVICES PTE LTD
Payee 3: (Strike if N.A.)	\$ -	Name 2: -
		Name 3: -