15/5/2010

INS. CASE OWNER: CC4 / 601800 5706 / GMA3

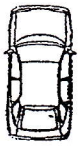
LKK:
IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 09/04/18 Date / Time : 27/3/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKN3298J

Name of Insured : UM CHENG SAN

Insured Tel No. : HP: 87896928

Excess Sec II :S$ D.O.A : 17/3/18

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : TMPP18-002464

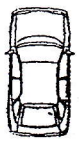
Make / Model : M-BENZ B180

Place of Accident : SLIP ROAD OF CAMPINES AVE 10

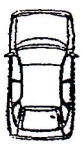
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

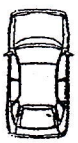
SLN907G →



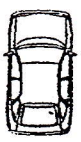
INSRS:
WSP: Trans Eurokars.
Tel :
Liability :
RMKS: Mbi



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
29/3 MB	SLN907G. X ; SKN3298J - X
16/4/18	Spoke to OI, he confirmed the accident details. Informed TP claim and he agree to settle. - FINALISED - TP LOD IN BY EMAIL
20/11/18	- EMAIL ACCEPTANCE TO TP. NO PV REQUIRED. - ALL DOCS IN ORDER - TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	> THRU 16/4 By Email
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI: EMAIL	☑	☐
Authorisation To Act:	☑	☐
Release Voucher: NO PV	☐	☐
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: 4/04/18 Sent By: 03

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 2,846.60 (3 days) Reduction: 69 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 20/11/18 Confirm with JON Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (OI RANGEMOBILE TP)
Repair Cost: (W/GST)	S$ 3,025.86	
Loss of Rental (LOR) (W/GST)	S$ 428.00 (4 days) X $100.00	
Loss of Use (LOU):	S$ — ($ — x — days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☑ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 2.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $400.00
Total:	S$ 3,475.86 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,475.86	Name 1:	TRANS EUROKARS PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—