15/5/2010

INS. CASE OWNER: BONNIE | CC3 / AIG180 06272 / Kmah4 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 4.4.18 Date / Time: 4-4-18
Registered in Merimen: 5-4-18

Pre-assign / CCU / FTE

Insured Vehicle No.:	SKQ 8871E	Claim No.:	AA54 79301166
Name of Insured:	YVONNE LEE SHEAU HWEY	Policy No.:	210038 6029
Insured Tel No.:	62190226 HP: 97273123	Make / Model:	Audi A4
Excess Sec II :S$	D.O.A: 1-4-18	Place of Accident:	Filter lane of PIE > Clementi Ave
Is driver the owner?	(YES / NO) Nature of Accident:		
If NO, Driver Name / Age:		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No.:	(V/L: YES / NO)	Insured Liability: %	**Final ? Yes / No**

unknown → SKQ8871E → SHB9934R →

INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS: OI	INSRS: WSP: Trans-Cab Tel: Liability: RMKS: TP	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
	SHB9934R - X ; SKQ8871E - X
10/4 Revan	
11/4/18	Call OI confirm accident detail. OI involve 3 veh acc. OI 2nd inform TP claim. OI aware NCD withheld letter sent to OI.
24/1/19 -	RM ✓ - SETTLED
	- ORIGINAL TP LOD IN
11/02/19	- SEND ACCEPTANCE EMAIL TO TP
14/02/19	- RECEIVED PV. 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:	Revan
After call ltr to OI:	

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: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 2,450.00 (2 days)	Reduction: 94 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/02/19	Confirm with Wai Yin	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.: 28	If NO or B 28, Ass. Lia: 0
Repair Cost: (w/GST)	S$ 2,621.50		3 veh acc OI 2nd
Loss of Rental (LOR):	S$ 198.64	(2 days) x $99.32	
Loss of Use (LOU):	S$ 100.00	($50 x 2 days)	
Loss of Income (LOI):	S$ -	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ✓ [Tick only one]	
GIA/LTA Search	S$ 7.49		
Medical:	S$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ -		3) Survey fee: $320.00
Total:	**S$** 2,927.63	**Global Sum S$:** -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,927.63	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: -	