

15/5/2010

INS. CASE OWNER:

BONNIE

CC 3 / AIG180 06272, Kmal

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

4.4.18

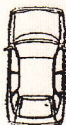
Date / Time:

4.4.18

Registered in Merimen:

5.4.18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKQ 8871E

Name of Insured:

WONNE LEE STEAU HUEY

Insured Tel No.:

62190226

HP:

4725123

Excess Sec II :\$S

D.O.A: 1-4-18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

A454 7930116G

Policy No.:

210386029

Make / Model:

Audi A4

Place of Accident:

PULVER lane of PIG 7 Cremati Ave

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

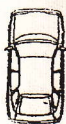
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Final ? Yes / No

Unknown

SKQ 8871E

SHB 9934 R



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS: 01



INSRS:

WSP: Trans-Cab

Tel:

Liability:

RMKS: TP



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

10/4

Revon

SHB 9934 R - X; SKQ 8871E - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

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: L16

S\$ 2,450.00 (2 days) Reduction: 94 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

S\$ 100 (Agreed / Assessed) BOLA S/N No.: 28

If NO or B 28, Ass. Lia:

Repair Cost: (w/LOD)

S\$ 2,621.50

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 + LO ☒ [Tick only one]

GIA/LTA Search

S\$ 7.49

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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: