15/5/2010

INS. CASE OWNER: ST. ~~TC~~ | CC 4/AXA 1800 6347/AP ~~193~~ | LKK: IDAC:

ASSIGNMENT

Surveyor: Lmp | DOI: 5/4/18 | Date / Time: 4/4/18

Registered in Merimen: 4/4/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 5234 Z	Claim No. :	
Name of Insured :	TRANS. CAB SERVICES P/L	Policy No. :	VPX/P1680520
Insured Tel No. :	HP:	Make / Model :	Renault.
Excess Sec II :S$	5,000.00 D.O.A : 30/3/18	Place of Accident :	JLN AHMAD IBRAHIM
Is driver the owner?	(YES / NO)	Nature of Accident :	
If **NO**, Driver Name / Age :	LIM BUAY LAN	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	82018476 (V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SJS 8543 D →

INSRS: WSP: mg Solution Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
10/4 11H	SJS8543D – x; SHC5234Z – CC3/1111700(477)/Kx63 92 ; DOA: 23/7/17 – NBA/INC/1800/5761/04 ; DOA: 23/7/17
	Pending Est & PA.
12/2/19	→ TO TP: any evidence
24/3/20	email TP maintain offer.
25/3/20	seek mandate.
11/6/2020.	settled & closed.

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: L/S S$ 3,200.00 (5 days) Reduction: 39.26 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/06/2020 Confirm with MS WONG Email ☒ Call ☐

Final Liability:	% 50%. (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: (w/gst) $3424	S$ 1,712.00		
Loss of Rental (LOR):	S$ – (days)	COPY SENT 11/6/2020	
Loss of Use (LOU): 210.00	S$ 105.00 ($ 30 x 7 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$ –	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format:	TP
Legal Cost	S$ –	3) Survey fee:	$350.00
Total:	S$ 1,846.00 **Global Sum S$:**		

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

Payee 1:	S$ 1,846.00	Name 1:	NG SOLUTION PTE LTD.
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–