

INS. CASE OWNER:

George

CC 3 / 116 1800 7564, Khab 9

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

23/4/18

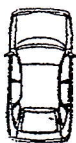
Date / Time:

23/4/18

Registered in Merimen:

24/4/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLJ 3003 C

Name of Insured:

CHONG LIA JUNE

Insured Tel No.:

HP:

90068905

Excess Sec II :\$S

D.O.A.:

20/04/18

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.:

Make / Model:

Place of Accident:

210469800

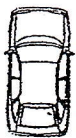
T-Carry

Serangoon Rd

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

Insured Liability: % Final? Yes / No

SHD 462 J



INSRS:

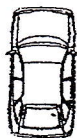
WSP:

Tel:

Liability:

RMKS:

Trans-Cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



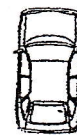
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

23/4

24

3/5/2018

1.50pm

pokin

spoke to OI (Mr (hong) at 9006 8905. OI confirmed about the accident statement, informed him about the TP claim and HCD issue. OI agree and aware about the HCD issue and mention he have HCD protector. send letter to OI.

04/05/18

- PINK CARD.

- FOR BULK SETTLEMENT

- TOTAL @ 10. 000000.

- ORIGINAL TP LOW IN.

27/05/18

- TYPE REPORT FOR WARRANT APPROVAL

- REPORT DONE.

24/10/18

- GIVE WARRANT APPROVAL TO AG.

20/11/18

- AG APPROVED WARRANT.

- 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:

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:

P/P

S\$

14,402.04

(7 days)

Reduction:

70 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

(w/loss)

S\$

15,410.18

Loss of Rental (LOR):

S\$

991.89

(9 days)

x 2110.21

Loss of Use (LOU):

S\$

450.00

(\$ 50 x 9 days)

Loss of Income (LOI):

S\$

—

(\$ x 9 days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

—

Disbursement:

S\$

—

(e.g. Tow/ Independent)

Legal Cost

S\$

—

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00

Total:

S\$

16,859.52

Global Sum S\$:

—

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

16,859.52

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:

—