

INS. CASE OWNER:

SAUHA

CC 3/AIG1800 8724, Kbbh

LKK: IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

2/5/08

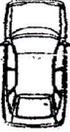
Date / Time:

2/5/08

Registered in Merimen:

2/5/08

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDQ 8485U

Claim No.:

94925079664

Name of Insured:

Sim Kwang Senh

Policy No.:

1700087359

Insured Tel No.:

HP: 9779600

Make / Model:

TOYOTA

Excess Sec II : \$\$

D.O.A.:

20/6/08

Place of Accident:

NEW BRIDGE ROAD UP

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

CROSS ST

If NO, Driver Name / Age:

Driver Tel No.:

9KV 607P

(V/L: YES / NO)

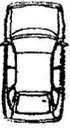
SDQ 8485U

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

Insured Liability: %

Final? Yes / No

SHB 9869X



INRS: WSP: Tel: Liability: RMKS:



INRS: WSP: Tel: Liability: RMKS:

01



INRS: WSP: Tel: Liability: RMKS:

Trans CM TP



INRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
9/5/08	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)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L19 \$2,450.00 (2 days)	Reduction:	95 %
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	28 ✓
Repair Cost: (w/ GST)	\$2,621.50		
Loss of Rental (LOR):	\$198.64 (2 days) x \$99.32		
Loss of Use (LOU):	\$100.00 (\$50 x 2 days)		
Loss of Income (LOI):	\$ - (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$7.49		
Medical:	\$ -		
Disbursement:	\$ - (e.g. Tow/ Independent)		
Legal Cost	\$ -		
Total:	\$2,927.63	Global Sum \$:	-
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$2,927.63	Name 1:	TRANS-CAD AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	\$ -	Name 2:	-
Payee 3: (Strike if N.A.)	\$ -	Name 3:	-