15/5/2010

INS. CASE OWNER: Stacy | CC 4/AXA1800 8580, E2463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin | DOI: 9/5/18 | Date / Time: 9/5/18

Registered in Merimen: 11/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 5139R	Claim No. :	10473558
Name of Insured :	TRANS-CAB SERVICES P/L	Policy No. :	VPX/P16905770
Insured Tel No. :	HP:	Make / Model :	RENAULT
Excess Sec II :S$ $5000	D.O.A : 6/5/18	Place of Accident :	AIRPORT T2
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age : NEO SWEE HOCK

Driver Tel No. : (V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

SHC 569R → ______ → ______ → ______

INSRS: CAKE WSP: VY Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHC569R-4 SHC5139R-4	
23/5/18 VIC	- FINALISED - ORIGINAL TP LOD IN	
05/06/18	- FILE REVIEWED. OI/D REAR-ENDED TP. SEND EMAIL TO OI TO NOTIFY TP CLAIM. - BELOW 45K MANDATE	
05/06/18	- SEND 1ST OFFER TO TP.	
06/06/18	- ORIG. SIGNED DV IN. - TP ACCEPTED OFFER. - 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:	VIC 5/6/18
After call ltr to OI:	BY EMAIL

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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: 11/5/18 Sent By: Dhe

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 580.00 (2 days)	Reduction: 79 %	Email Call
FINAL SETTLEMENT	Date/Time: 05/06/18	Confirm with WILLIAM	Email ✓ Call
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (OI/D REAR-ENDED TP)
Repair Cost: (W/GST)	S$ 567.10		
Loss of Rental (LOR):	S$ 596.40 (5 days) x $119.28		
Loss of Use (LOU):	S$ 200.00 ($ 40 x 5 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [Tick only one]		
GIA/LTA Search	S$ —		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $350.00
Total:	**S$** 1,363.50	**Global Sum S$:** 1,360.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$ 1,360.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	