

INS. CASE OWNER:

AIDA

CC 4/1111800

9010, R1 h39

LKK:

IDAC:

Surveyor:

RAGUL

DOI:

ASSIGNMENT
24105118

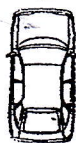
Date / Time:

15/5/18

Registered in Merimen:

17/5/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 42414

Name of Insured:

C9m

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

11/5/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Chen Yee Man

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

MCT18050759

Policy No.:

Mcom001

Make / Model:

Hb 140

Place of Accident:

Maurine View

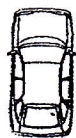
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

6B6 1034K



INSRS:

WSP:

Tel:

Liability:

RMKS:

TC Autoclinic



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
2/5	6B6 1034K, X;	Non-Reporting ltr (1st):	
3/5	SHA 42414, ASINCHUO 663111 FRI; DOA: 21/4/18	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	NA
8-8-18	3PM W/ SHAWN OF TC CLIENT DID NOT SEND FOR REPAIR YET.	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: GRAB RECEIPT	☒

PRELIMINARY ADVICE		Date/Time:	Sent By:		
FINALIZATION		Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	416	S\$ 3,997.40	(6 days) Reduction:	42 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☒ Call ☐	
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	9	If NO or B 28, Ass. Lia:
Repair Cost:	CW1650	S\$ 4,277.22			
Loss of Rental (LOR):	S\$	190	(2 days)	95	
Loss of Use (LOU):	S\$		(\$ x 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\$				
Disbursement:	S\$	125	GRAB FARE	(e.g. Tow/ Independent)	
Legal Cost	S\$				
Total:	S\$	4,592.22	Global Sum S\$:	—	
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$	4,592.22	Name 1:	TC AUTOCLINIC PTE LTD	
Payee 2: (Strike if N.A.)	S\$	—	Name 2:	—	
Payee 3: (Strike if N.A.)	S\$	—	Name 3:	—	