15/5/2018

INS. CASE OWNER: SUNPARI | CC 3 III 1500 9077, K1ha3Y | LKK: | IDAC:

Surveyor: Auk DOI: ASSIGNMENT 17/5/18 Date / Time: 17/5/18

Registered in Merimen: 18/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 7784 A

Name of Insured : CTPL

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 13/5/18

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : KHO KIM HWA

Driver Tel No. : 96537068 (V/L: YES / NO)

Claim No. : MCT 18050308

Policy No. : MCOMV01

Make / Model : H.140

Place of Accident : PIE 7 TUAS

Nature of Accident :

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

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

TP1

SHO 636A → → →

INSRS:
WSP: Trans-Cab
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
22/5 WE	SHO636A - CC3/AKH1309261/TCMUR: PIE 13/5/13
	SHA7784A - CC3/AKH1701296[illegible]/K1Y93Y: [illegible]
17/08/18	- FILE REVIEWED. OLD REAR-ENDED TP. SEEK LIABILITY MANDATE
	- II AGREED O/S.
17/8/18	- RTM ✓ SETTLED @ TC.
	- FINALISED.
	- ORIGINAL TP LOD IN.
21/08/18	- TYPE REPORT FOR MANDATE APPROVAL -
	- REPORT DONE
01/10/18	- SEEK MANDATE APPROVAL TO II.
05/10/18	- II APPROVED MANDATE.
10/10/18	- SEND ACCEPTANCE EMAIL TO TP.
31/10/18	- RECEIVED DV. 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$ 14,211.09 (6 days) Reduction: 72 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/10/18 Confirm with WAI YIN Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : COLD REAR-ENDED TP)
Repair Cost: CW(GST)	S$ 15,205.87	
Loss of Rental (LOR):	S$ 881.68 (8 days) x $110.21	
Loss of Use (LOU):	S$ 320.00 ($ 40 x 8 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: $600.00
Total:	S$ 16,407.55 **Global Sum S$:** —	

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

Payee 1:	S$ 16,407.55	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:	—