15/5/2010

INS. CASE OWNER: CC 3/AIG1800 9378, ELHB2

LKK:

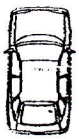
IDAC:

ASSIGNMENT

Surveyor: Edwin DOI: 7/5/18 Date / Time : 7/5/18

Registered in Merimen: 7/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL 1828S

Name of Insured : VAT KAR MUN

Insured Tel No. : HP: 87888110

Excess Sec II :S$ D.O.A : 17/5/18

Is driver the owner? (YES / NO)

Claim No. : 6970757741956

Policy No. : 700504648-01

Make / Model : NISSAN

Place of Accident : TRAFFIC JAM HOUGANG AVE 1

Nature of Accident :

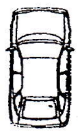
If **NO**, Driver Name / Age :

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

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

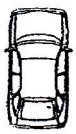
Insured Liability : % **Final ? Yes / No**

SHF 5066 → → →



INSRS:
WSP: Trans CMB
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
16/5/18 VIC	SHF 5066 - X SLL 1828S - X
28/05/18 @ 11:54AM	- CALL OI. NO RESPONSE. FILE REVIEWED, OI REAR-ENDED TP. SEND LETTER TO OI & EMAIL. - FOR BULK SETTLEMENT
@ RN	- OI CALLED BACK, CONFIRMED ACCIDENT DETAILS & REAR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE W/ AWARE NCD ISSUES.
17/9/18	- RTM @. SETTLED @ TC. - FINALISED. - ORIGINAL TP LOD IN.
21/08/18	- 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:	28/05/18 - VIC

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: L/O S$ 3150.00 (2 days) Reduction: 93 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17/09/18 Confirm with SHELLINE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (OI REAR-ENDED TP)
Repair Cost: (W/GST)	S$ 3,370.50	
Loss of Rental (LOR):	S$ 202.92 (2 days) X @ 101.46	
Loss of Use (LOU):	S$ 100.00 ($ 50 x 2 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ [Tick only one]	
GIA/LTA Search	S$ 7.49	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	**S$ 3,680.91** **Global Sum S$:** —	

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

Payee 1:	S$ 3,680.91	Name 1:	TRANS-CAD AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—