15/5/2010

INS. CASE OWNER: NATALIE | CC 3 / III1800 9544 / KM3 yv | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 24/08/18 Date //Time : 24/08/2018

Registered in Merimen: 28/05/2018

Pre-assign / CCU / FTE

Insured Vehicle No. :	SH8054 A	Claim No. :	MOT 18050601
Name of Insured :	CTR	Policy No. :	M Lom 001
Insured Tel No. :	HP:	Make / Model :	H. 140
Excess Sec II :S$	D.O.A : 21/05/2018	Place of Accident :	Airport T3 Basement c/p.

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : Lee Thian Huat OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 97909901 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHD 306 C → → →

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

Date/ Time	
	SHD306C - CS/E/Q1101129b/ICq ; DOA: 9/6/2011
31/5	SH8054A - NA/INC1401244q/h4 ; DOA: 3/7/14
NC	- FINALIZED -
07/06/18	- PHS REVIEWED. OI REAR-ENDED TP.
	SEEK LIABILITY MANDATE TO III BY
	MERIMEN.
	- III AGREED U/S
	- FOR BULK SETTLEMENT
12/07/18	- TOTAL @ TC. SETTLED.
	- ORIGINAL TP LOD IN.
19/07/18	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
	RECEIVED 2 0 JUL 2018
07/08/18	- SEEK MANDATE APPROVAL TO III.
	- III APPROVED MANDATE.
08/08/18	- 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:	

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: 101 S$ 320.00 (1 days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/08/18 Confirm with SAGWINE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : COLLD REAR-ENDED TP)
Repair Cost: (w/GST)	S$ 342.40	
Loss of Rental (LOR):	S$ 103.60 (1 days) X $103.60	
Loss of Use (LOU):	S$ 40.00 ($ 40 x 1 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: $600.00
Total:	**S$** 486.00 **Global Sum S$:** —	

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

Payee 1:	S$ 486.00	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:	