15/5/2010

INS. CASE OWNER: Ernest | CC 4/AXA1801 0161 /E1 j63 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 5/6/18 Date / Time : 5/6/18

Registered in Merimen: 5/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 5444J.	Claim No. :	10478822
Name of Insured :	TRANS-CAB SERVICES P/L	Policy No. :	VPX/PC680520.
Insured Tel No. :	HP:	Make / Model :	RENAULT
Excess Sec II :S$	$5000 D.O.A : 2/6/18	Place of Accident :	PIE TUAS near BENDEMEER EXIT TWDS
Is driver the owner?	(YES / NO) (NO circled)	Nature of Accident :	
If **NO**, Driver Name / Age :	ABAS BIN AN	OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)	
Driver Tel No. :	(V/L: YES / NO) (YES circled)	Insured Liability : %	**Final ? Yes / No**

SHC 6287P → ______ → ______ → ______

INSRS: WSP: premier. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
7/6/18 WY.	SHC6287P - CS/EU170W16/Kelvin DOI-14/10/[illegible]
	SHC5444J - UB/HSM1701567[illegible]/Kpas DOI-6/8/17
	3VC ; OI 2ND
	RECEIVED 16 NOV 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	10/11/18
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	X	
After call ltr to OI:	✓	
Authorisation To Act:	✓	
Release Voucher:	✓	
Final Repair Bill:	✓	
Car Rental Invoice:	✓	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
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: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 2-11-18 Confirm with GARY Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost: GST	S$ 2,889	
Loss of Rental (LOR):	S$ 304.32 (3 days) 101.44	COPY SENT 6/11/18
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 120 (40 x 3 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	**[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:
Total:	**S$** 3,313.32 **Global Sum S$:**	

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

Payee 1:	S$ 3,313.32	Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ X	Name 2: X
Payee 3: (Strike if N.A.)	S$	Name 3: