13/5/2010

HOS. CASE OWNER: CC 3 / LOR 180 10713 / Kja392

LKK:
IDAC:

ASSIGNMENT

Surveyor: KSL DOI: 11-6-18 Date / Time: 11-6-18

Registered in Merimen: 12-6-18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLH5166M	Claim No. :	
Name of Insured :	LCM PTE	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	T. PRIUS
Excess Sec II :S$	D.O.A: 4-6-18	Place of Accident :	Marey Rd
Is driver the owner?	(YES / NO)	Nature of Accident :	
If NO, Driver Name / Age :	Pang Chew Thong	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

SHC5600A →

INSRS: WSP: trans-cab Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
19/6	SHC5600A. CLF/AXA/7016726/TP/6342:DOA:4/6/18
July	SLH5166M-MK/CT11700932S/Y:POA: 13/06/17
	OID - CHANGED LANE
	TP - STRAIGHT

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	JULY 2-7-18
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 :	/	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	X	
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: 2-12-18	Confirm with JASMINE	Email ☐ Call ☐
Final Liability:	% ~~100~~ (Agreed / Assessed)	BOLA S/N No.: 15 — 50%	If NO or B 28, Ass. Lia :
Repair Cost: GST	S$ ~~6,794.50~~	3,397.25	
Loss of Rental (LOR):	S$ ~~405.84~~ (4 days) 101.46	202.92	CHANGING LANE
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ~~200~~ ($ 50 x 4 days)	100.00	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	COPY SENT 1/7/18
GIA/LTA Search	S$ 7.49	7.49	
Medical:	S$ –	TOTAL = $3,707.66	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent) GS $3685	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	S$ 7,407.83	Global Sum S$: ~~7,400.xx~~	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,400.xx	Name 1: TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$ x	Name 2: /	
Payee 3: (Strike if N.A.)	S$	Name 3:	