

15/5/2010

INS. CASE OWNER:

Richard

CC 4/AXA1801

1076

Unbony

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

19/06/18

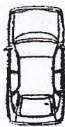
Date / Time:

18/6/18

Registered in Merimen:

18/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 7713A

Name of Insured:

TRANS-CHB SERVICES P/L

Insured Tel No.:

HP:

Excess Sec II :S\$

\$5000

D.O.A.:

5/6/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

LEE HUN YUN
91284861

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

10478887

Policy No.:

44/1680570

Make / Model:

MEVROET

Place of Accident:

AME ELECTRONICS PARK RD

OI GIA REPORT: YES / NO

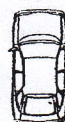
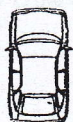
TP GIA REPORT: YES / NO

Insured Liability:

%

Final? Yes / No

Gy 2015

INSRS:
WSP:
Tel:
Liability:
RMKS:Cheng
motorINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
2/6/18	Gy 2015-4	Non-Reporting ltr (1st):	
	SHB 7713A-4	Non-Reporting ltr (2nd):	
	TP SCENE PHOTOS IN.	Non-Reporting ltr (Final):	
25/06/18		Notification ltr (if non-pickup):	
		Call OI:	25/06/18 - JIC
		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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	\$S 1,892.21 (3 days)	Reduction: 56 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/10/18	Confirm with: HCL-TAN	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	10a
Repair Cost:	\$S 1,892.21		
Loss of Rental (LOR):	\$S () days		
Loss of Use (LOU):	\$S 600.00 x 5 days		
Loss of Income (LOI):	\$S () x days		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	\$S 7.46		
Medical:	\$S -		
Disbursement:	\$S - (e.g. Tow/ Independent)		
Legal Cost	\$S -		
Total:	\$S 2,499.66	Global Sum \$S:	2,490.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 2,490.00	Name 1:	CHONG MOTOR WORK CO
Payee 2: (Strike if N.A.)	\$S -	Name 2:	-
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-