15/5/2010

INS. CASE OWNER: Ming Yao | CC 3 / AIG 180 1127.5 / Kfa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KSC DOI: 20-6-18 Date / Time: 20-6-18

Registered in Merimen: 21/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLW 2489Y		Claim No. :	G1278330065G
Name of Insured : KOH You Havee Alvin		Policy No. :	1800008731
Insured Tel No. :	HP:	Make / Model :	Audi A3
Excess Sec II :S$	D.O.A : 18-6-18	Place of Accident :	CTE
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : Tan Lee Yew, Edwin.		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. : 91609948	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHO 22 X → →

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

Date/ Time	
20/6	SHO 22 X - CC3/ASM 17021830 / Kfa3 ; DOA: 11/11/17
	- CC3/AXA 17015862 / Kfa3 ; DOA: 11/08/17
20/6	SLW 2489Y - X
25/6/2018 3pm	Spoke to OID, confirmed accident statement. Send letter to OI.
	Bola 27 100%
	- FINALIZED
-	- OI / OID friends
	- ORIGINAL TP LOD IN.
03/09/19	- SEND 1ST OFFER TO TP
11/09/19	- TP ACCEPTED OFFER.
	- DV IN. 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:	3 25/6/2018

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI: EMAIL	☑	☐
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: P/P	S$ 4,599.64 (2 days)	Reduction: 88 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/09/19	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (COD REAR-ENDED TP)
Repair Cost: (W/GST)	S$ 4,921.62		
Loss of Rental (LOR):	S$ 599.20 (4 days) x $149.80		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 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: $320.00
Total:	S$ 5,728.31	**Global Sum S$:** 5,500.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,500.00	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:	—