15/5/2010

INS. CASE OWNER: CC3 /LPC1801 1285, Kj6352 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Elmx Th | DOI: 18/6/18 | Date / Time : 18/6/18

Registered in Merimen: 21/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SFZ 9592G | Claim No. : 18/18/18/UP15/03676

Name of Insured : Um Boon Huat. | Policy No. : 2185/P0501753.

Insured Tel No. : | HP: 96993123. | Make / Model : Toyota

Excess Sec II :S$ | D.O.A : 13/6/18 | Place of Accident : DEFU LANE 2.

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

If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHD 9851K → → →

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

Date/ Time	
27/6/18	SHD9851K - X
	SFZ9592G - [illegible]
7104	
28/06/19	- SEEK MANDATE APPROVAL TO LPC.
03/07/19	- LPC AGREED MANDATE @ 50%.
02/08/19	- SEND 1ST OFFER TO TP
	LOD IN
5-11-18	FOR MANDATE
19-12-18	PENDING EVIDENCE. CONFLICTING VERSIONS.
	TP VIDEO - OI CUT LANE.
15/08/19	- TP ACCEPTED OFFER @ 50/50.
	- ALL BODY IN/ORDER.

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: 21/6/18 Sent By: Dm

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/G S$ 2,150.00 (2 days) Reduction: 95 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/08/19 Confirm with WAI YIN Email ✓ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL | If NO or B 28, Ass. Lia :

(W/OFF) Repair Cost: ~~$2,300.50~~ S$ 1,150.25

Loss of Rental (LOR): ~~$297.96~~ S$ 148.98 (3 days) x $99.32

Loss of Use (LOU): — S$ — ($ x days)

Loss of Income (LOI): ~~$150~~ S$ ~~75.10~~ ($50 x 3 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ✓ **[Tick only one]**

GIA/LTA Search ~~$7.49~~ S$ 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: $450.00

Total: ~~$2,755.95~~ S$ 1,381.72 **Global Sum S$:** 1,380.00

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

Payee 1:	S$ 1,380.00	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:	—