

15/5/2010

INS. CASE OWNER:

LYNN

Stating

CC4/AXA1801

1296, 44639

LKK:

IDAC:

Surveyor:

Marinus

DOI:

ASSIGNMENT

21/6/18

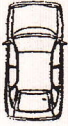
Date / Time:

20/6/18

Registered in Merimen:

21/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 9329C

Claim No.:

C0473409

Name of Insured:

TRANS-LAB SERVICES BV

Policy No.:

VPR / P168050

Insured Tel No.:

HP:

21/6/18

Make / Model:

MERCEDES

Excess Sec II :\$S

\$5000

D.O.A.:

Place of Accident:

DW ENOS TROS STILL KE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

HAR ABON / RAKA BW MOPHIDE

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

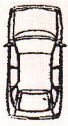
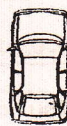
Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

% Final ? Yes / No

SHW 41824

INSRS:
WSP:
Tel:
Liability:
RMKS:KAW
FOOK
SINGINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
21/6/18	SHW 41824 - X	Non-Reporting ltr (1st):	
21/6/18	SHD 9329C - X	Non-Reporting ltr (2nd):	
21/6/18	SHW 41824 - X	Non-Reporting ltr (Final):	
21/6/18	SHD 9329C - X	Notification ltr (if non-pickup):	
21/6/18	SHW 41824 - X	Call OI:	
13/02/19	SHD 9329C - X	After call ltr to OI:	13/02/19 - VC
13/02/19	SHW 41824 - X	Documentation Check List:	Handler Typist
13/02/19	SHD 9329C - X	Notification ltr (if non-pickup)	
13/02/19	SHW 41824 - X	After call ltr to OI:	(SHW 41824)
13/02/19	SHD 9329C - X	Authorisation To Act:	
13/02/19	SHW 41824 - X	Release Voucher:	
13/02/19	SHD 9329C - X	Final Repair Bill:	
13/02/19	SHW 41824 - X	Car Rental Invoice:	
13/02/19	SHD 9329C - X	Towing Invoice:	
13/02/19	SHW 41824 - X	LTA / GIA:	
13/02/19	SHD 9329C - X	Medical Bill:	
13/02/19	SHW 41824 - X	PIR:	
13/02/19	SHD 9329C - X	Mandate/Reject Instruction:	
13/02/19	SHW 41824 - X	LOD	
13/02/19	SHD 9329C - X	Payment Breakdown Form:	
13/02/19	SHW 41824 - X	Post-Repair Photos:	
13/02/19	SHD 9329C - X	Others:	

PRELIMINARY ADVICE Date/Time: 21/6/18 Sent By: [Signature]

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L19	\$S 3,600.00 (9 days) Reduction: 32 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.:	27	
Repair Cost: (w/acc)	\$S 3,802.00		
Loss of Rental (LOR) (w/acc)	\$S 856.00 (8 days) x \$100		
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	\$S 7.15		
Medical:	\$S -		
Disbursement:	\$S - (e.g. Tow/ Independent)		
Legal Cost	\$S -		
Total:	\$S 4,715.15	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 4,715.15	Name 1: KAW FOOK SING MOTOR WORKSHOP	
Payee 2: (Strike if N.A.)	\$S -	Name 2: -	
Payee 3: (Strike if N.A.)	\$S -	Name 3: -	