

15/5/2010

INS. CASE OWNER:

vale

CC 4/AXA1801

3054, E 16b

LKK:

IDAC:

Surveyor:

Kenneth.

DOI:

ASSIGNMENT

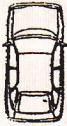
18/7/18

Date / Time :

18/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLV 3855Y.

Name of Insured :

MEERW LONG LINH WEI

Insured Tel No. :

HP: 94576177

Excess Sec II :\$S

D.O.A : 4/7/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : SUMER NG WEI YONG.

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

58m00001 / 58216.

Policy No. :

CN868286.

Make / Model :

BMW

Place of Accident :

JUN ENROS.

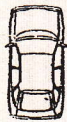
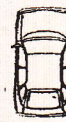
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHD 9737H

INSRS:
WSP:
Tel:
Liability:
RMKS:Trans
Car.INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
20/7/18	SHD 9737H-Y	Non-Reporting ltr (1st):	
7/11	SLV 3855Y-X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	20/08/19 - vic
		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: DO FORM	☒

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L16

S\$ 3,900.00 (3 days) Reduction: 90 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 9

If NO or B 28, Ass. Lia :

Repair Cost: (w/loss)

S\$ 4,176.00

COW FROM WINOR RD

Loss of Rental (LOR):

S\$ 353.84 (4 days) x \$ 83.46

Loss of Use (LOU):

S\$ 200.00 x 4 days

Loss of Income (LOI):

S\$ - (\$ x days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LO ☒

[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:

\$ 350.00

Total:

S\$ 4,714.33

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 4,714.33

Name 1:

TRANS-CAP AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-