

INS. CASE OWNER:

CC 3, CTI 180 14751, Kpa3n2

LKK:

IDAC:

Surveyor:

K8L

DOI:

ASSIGNMENT

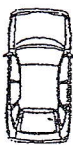
13/8/2018

Date / Time:

13/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

6Y8995L

Name of Insured:

AL FRESCO CUTE SYSTEM PL

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

10/8/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Ganesan Sathyanathan

Driver Tel No.:

82848679

(V/L: YES / NO)

Claim No.:

Srm 180 2286102

Policy No.:

Dm evsn 1841241702

Make / Model:

7. BYMA

Place of Accident:

Ship Rd &amp; Amy Ave

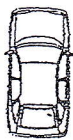
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHB 9522 X



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans. cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

23/8  
Aslan

NA/PAH 12004200/64 ; N/A 11/1/17  
 SHB 9522 X - NA/PAH 12004200/64 ; N/A 11/1/17  
 6Y8995L - NA/PAH 12004200/64 ; N/A 11/1/17  
 - NA/CTI 16011677/64 ; N/A 2/6/16

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:

04.04.19

RECD TP VIDEO SEAB. (V: ASHER: 2019) VIDEO SHOW O/D TURN TOO  
 CLOSE TO TP AND COLLIDED TP VEHICLE.

ASHER 09.04.19

09.04.19 3:30

CALLED O/D CONFIRMED ACCIDENT. O/D MENTION THAT HE WAS REAR  
 ENDED BY THIRD PARTY WHILE TURNING. INFORM TP CLAIM AND VIDEO  
 AGREED TO SETTLE.

09.04.19

FILE PASS TO TYPIST TO PREPARE REPORT.

- REPORT DONE

06/06/19

- SHIK MANDATE TO ODI BY EMAIL

13/08/19

- CTI APPROVED MANDATE.

20/08/19

- SEND 1ST OFFER TO TP.

- TP ACCEPTED OFFER

- ALL DOCS IN ORDER. TO CLOSE

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: K8L

Repair Cost:

4s S\$ 2,800

( 2 days)

Reduction:

86 %

Email ☒ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

WM YIN

Email ☐ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : NL

If NO or B 28, Ass. Lia :

Repair Cost:

W/LSI

S\$ 2,996.00

O/D TURN TOO CLOSE TO TP

Loss of Rental (LOR):

S\$ 338.63

( 4.5 days) x 75.25

Loss of Use (LOU):

S\$ -

(\$ x days)

Loss of Income (LOI):

S\$ 225.00

(\$ 50 x 4.5 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

S\$ 7.49

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 100.00

Total:

S\$ 3,567.12

Global Sum S\$: 3,560.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 3,560.00

Name 1:

TRANG-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: