15/5/2010

INS. CASE OWNER: CC 4/LPC1801 787, B333 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marlim DOI: 4/10/18 Date / Time : 11/10/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJT 1875. Claim No. : 18/18/18 VPU5/009637.

Name of Insured : TAY THIAM SENG. Policy No. : 21BUPU5009637.

Insured Tel No. : HP: 87761877 Make / Model : MITSUBISHI

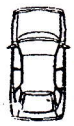
Excess Sec II :$ D.O.A : 30/9/18. Place of Accident : KPE TMOS TPE

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

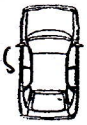
If NO, Driver Name / Age : TAY PEI LING. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SFP 5115P → → →



INSRS: TRANS EUROKARS
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SFP5115P - Y SJT 1875 - Y
9/10/18	
11-10-18	LIABILITY SENT TO TP.
10/07/19	- MANDATE APPROVED.
11/07/19	- SEND 1ST OFFER TO TP
18/07/19	- TP ACCEPTED OFFER.
	- RECEIVED ORIG - BV.
	- ALL DOCS IN ORDER.
	- TO CLOSE.
6-6-19	LOD IN. FOR MANDATE.

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 3,168.76 (3 days) Reduction: 51 % Email / Call

FINAL SETTLEMENT Date/Time: 18/07/19 Confirm with JEN Email / Cal

Final Liability: % LOU (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S$ 3,390.57 OLD PART - ENDED TP

Loss of Rental (LOR): S$ — (days)

Loss of Use (LOU): S$ 300.00 $60 x 5 days) ORIGINAL LOD W/ LPC

Loss of Income (LOI): S$ — ($ x days)

LOR only / LOU only / LOR + LOU / LOR + LO / [Tick only one]

GIA/LTA Search S$ 2.00

Medical: S$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$ —

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $ 450.00

Total: S$ 3,692.57 **Global Sum S$:** —

FINAL PAYMENT Date/Time: Confirm with: Email / Cal

Payee 1:	S$ 3,692.57	Name 1:	TRANS EUROKARS PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—