15/5/2010

INS. CASE OWNER: Adeline | CC 3 /CTI1802 04/18 / K 6h52 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 9/11/18 Date / Time : 9/11/18.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJM 9475D. Claim No. :

Name of Insured : WEN SI WEI Policy No. : OMPLSW3000673/1805

Insured Tel No. : HP: Make / Model : TOYOTA

Excess Sec II :S$ D.O.A : 8/11/18. Place of Accident : Changi airport.

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**

9HD 2155B → → →

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

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
19/11/18	9HD 2155B - X SJM 9475D - Y
01.04.19 @3.30	CALLED OI CONFIRMED ACCIDENT. OI CHANGED LANE HIT TP. INFORM TP CLAIM AGREED TO SETTLE AND AWARE ABOUT NCD ISSUE.
01.04.19	FILE PASS TO TYPIST TO PREPARE REPORT.
10.6.19	-SEEKED MANDATE (S$ 9,789.64) from CTI
16/10/19	re-seeked mandate (S$7,944.49)

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	EMAIL 01.04.19
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: 2/SUM	S$ 6700.00 (3 days)	Reduction: 91 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30/3/2021	Confirm with Wai Yin	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28. Ass. Lia :
Repair Cost: W/GST	S$ 7169.00		
Loss of Rental (LOR):	S$ 518.00 (5 days)	x $ 103.60	
Loss of Use (LOU):	S$ — (S x days)		
Loss of Income (LOI):	S$ 250.00 (S 50 x 5 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☑ [Tick only one]	
GIA/LTA Search	S$ 7.45		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ —		3) Survey fee: $ 400.00
Total:	S$ 7944.45	**Global Sum S$:** 7800.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 7800.00	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:	