

1/5/2019

INS. CASE OWNER:

Saw Theng

CC AXA1600

5007, K 11639

IKK IDAC

ASSIGNMENT

Surveyor:

Leong

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKD 966VP

Name of Insured:

TRANS-CAR SERVICES P/L

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

05/03/16

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

C0375931

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

SKV 11875



INSRS: WSP:

Tel:

Liability:

RMKS:

MOTOR IMAGE



INSRS: WSP:

Tel:

Liability:

RMKS:



INSRS: WSP:

Tel:

Liability:

RMKS:



INSRS: WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
23/5/16	Non-Reporting ltr (1st):	
23/5/16	Non-Reporting ltr (2nd):	
23/5/16	Non-Reporting ltr (Final):	
23/5/16	Notification ltr (if non-pickup):	
24/5/16	Call OI:	24/5/16
24/5/16	After call ltr to OI:	vivian. email
24/5/16	Documentation Check List:	Handler Typist
24/5/16	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
24/5/16	After call ltr to OI:	<input checked="" type="checkbox"/>
24/5/16	Authorisation To Act:	<input checked="" type="checkbox"/>
24/5/16	Release Voucher: NO OV	<input checked="" type="checkbox"/>
24/5/16	Final Repair Bill:	<input checked="" type="checkbox"/>
24/5/16	Car Rental Invoice:	<input type="checkbox"/>
24/5/16	Towing invoice:	<input type="checkbox"/>
24/5/16	LTA / GIA :	<input type="checkbox"/>
24/5/16	Medical Bill:	<input type="checkbox"/>
24/5/16	PIR:	<input type="checkbox"/>
24/5/16	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
24/5/16	LOD:	<input checked="" type="checkbox"/>
24/5/16	Payment Breakdown Form:	<input type="checkbox"/>
24/5/16	Post-Repair Photos:	<input type="checkbox"/>
24/5/16	Others: DO FORM	<input checked="" type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	21/03/19		23	
Repair Cost:	SS 710.00		23	
FINAL SETTLEMENT	21/03/19		PANIEL LIA	
Final Liability:	% 100 (Agreed / Assessed)		NIL	
Repair Cost:	SS 710.40			
Loss of Rental (LOR):	SS () days			
Loss of Use (LOU):	SS 100.00 (\$ 100 x 2 days)			
Loss of Income (LOI):	SS (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>			
GIA/LTA Search	SS -			
Medical:	SS -			
Disbursement:	SS (e.g. Tow/ Independent)			
Legal Cost	SS -			
Total:	SS 970.40			
Global Sum SS:	-			

FINAL PAYMENT	Date/Time:	Confirm with:	Confirm by:
Payee 1:	SS 970.40	Name 1: MOTOR IMAGE ENTERPRISES PTE LTD	
Payee 2: (Strike if N.A.)	SS -	Name 2: -	
Payee 3: (Strike if N.A.)	SS -	Name 3: -	

city

