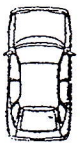
15/5/2019

INS. CASE OWNER: Jovine | CC 3 / LOR 180 22687 / KPA3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ICS2 | DOI: 17/12/18 | Date / Time: 17/12/18 | Registered in Merimen: 18/12/18.

Pre-assign / CCU / FTE



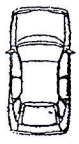
Insured Vehicle No. : SLH 7150 U
Name of Insured : LCKF P/L
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 13/12/2018
Is driver the owner? (YES / NO)

Claim No. : 5925602894OG
Policy No. :
Make / Model :
Place of Accident : AIRPORT Boulevard > P16.
Nature of Accident :

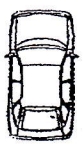
If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SHD 9822U → → →

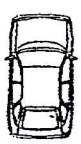


INSRS:
WSP: Trans-Cab
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 9822U. X ; SLH 7150U. X
21/12	
1117	
21/12	OINP.
8/2/19	– V OI GIA
4/3/19@9.31am	SJ/KU.
	– PICS REVIEWED. CONFLICTING VERSIONS. CUTTING CANE. EMAIL SENT OUT TO OI.
27/08/19	– SEND 1ST OFFER TO TP.
29/08/19	– TP ACCEPTANCE. ALL DOCS IN ORDER.
	– TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	SJ/KU 4/3/19 (Mandarin)
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: (GIA/LOR)	✓	
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: LIS | S$ 400.00 (1.5 days) Reduction: 98 % | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 29/08/19 Confirm with WAH YIN | Email ✓ Call ☐

Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : (CONFLICTING VERSIONS)
Repair Cost: (WGT) $428.00	S$ 214.00		
Loss of Rental (LOR) $198.64	S$ 99.32 (2 days)	X $99.32	
Loss of Use (LOU): –	S$ – ($ x days)		
Loss of Income (LOI) $100	S$ 50.00 ($50 x 2 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ [Tick only one]		
GIA/LTA Search $7.49	S$ 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: $320.00
Total: $ 734.13	S$ 370.81	Global Sum S$: 370.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 370.00	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:	–