

15/5/2010

INS. CASE OWNER:

SAUNA

CC 3/AIG1900

1528, Kph

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

M/L/H

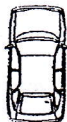
Date / Time:

M/L/H

Registered in Merimen:

M/L/H

Pre-assign / CCU / FTE



Insured Vehicle No.:

E7 3996K

Claim No.:

00869640M4

Name of Insured:

TAN KONG SHEN NICK.

Policy No.:

1800076888

Insured Tel No.:

HP:

Make / Model:

P19

Excess Sec II :\$\$

D.O.A.:

14/1/14

Place of Accident:

MARINE PHASE 2 RO

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: FOO KUAN KIM JIMIE

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

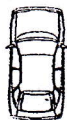
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHD 715

INSRS:
WSP:
Tel:
Liability:
RMKS:TRANS
CIBINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
15/1/14	SHD 715 - Y	Non-Reporting ltr (1st):	
7/1/14	E7 3996K - Y	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	29/07/14 - VIC
29/07/14		Documentation Check List:	Handler Typist
@ 3:20PM		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: L19	SS 4,400.00	(5 days) Reduction: 87 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/08/14	Confirm with:	Email ☐ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No.:	NIL
Repair Cost: 4,400.00	SS 2,354.00		
Loss of Rental (LOR):	SS 202.92	(4 days) X \$101.46	
Loss of Use (LOU):	SS -	(S x days)	
Loss of Income (LOI):	SS -	(S x days)	
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search \$7.49	SS 7.49		
Medical:	SS -		
Disbursement:	SS -	(e.g. Tow/ Independent)	
Legal Cost	SS -		
Total: \$5,121.33	SS 2,564.41	Global Sum \$S:	2,560.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS 2,560.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	SS -	Name 2:	
Payee 3: (Strike if N.A.)	SS -	Name 3:	