

15/5/2010

INS. CASE OWNER:

FOO CHIT YAN

CC3 /AIG1900

2263

LKK:

IDAC:

Surveyor:

Kenneth

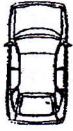
DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLU 10480

Name of Insured :

ANSEL LERSON & COMPANY

Insured Tel No. :

HP:

Excess Sec II :\$

D.O.A :

20/1/19

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

246246327154

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

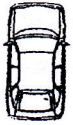
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHL 57111



INSRS:

WSP:

Tel :

Liability :

RMKS:

TRANS

CMB



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	18/02/19
	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:
Repair Cost: L19	S\$ 1,880.00 (2 days) Reduction: 93 %	Confirm by:
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: (4657)	S\$ -	
Loss of Rental (LOR):	S\$ - (3 days) x \$101.46	
Loss of Use (LOU):	S\$ - (\$ x days)	
Loss of Income (LOI):	S\$ - (\$ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ -	
Medical:	S\$ -	
Disbursement:	S\$ - (e.g. Tow/ Independent)	
Legal Cost	S\$ -	
Total:	S\$ -	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ -	Name 1: TRANS-CAD AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -