15/5/2010

INS. CASE OWNER: CC 3 / CTI 1900 2473 / K?ga3n2 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ICSC | DOI: 11/02/19 | Date / Time: 11/02/19

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No.: GBB 6860K		Claim No.: SNM19DB006800C02/OCK	
Name of Insured: B & Lee Electronics Pte		Policy No.:	
Insured Tel No.:	HP:	Make / Model:	
Excess Sec II :S$	D.O.A: 08/02/19	Place of Accident:	
Is driver the owner? (YES / NO) — NO circled	Nature of Accident:		

If NO, Driver Name / Age:

Driver Tel No.: (V/L: YES / NO) — YES circled

OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)

Insured Liability: % Final ? Yes / No

SHD42M → →

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

Date/ Time	
Jy	SHD42M. CS/TP1900 1891 / Kvdl ; DOA: 30/11/2013
	GBB6860K. X
	- FINALISED
	- ORIGINAL TP LOD IN
	- TP VIDEO IN. V/VIC/SHD42M
	- FILE REVIEWED. OI MAKING A TURN. TP GOING STRAIGHT. SEND LETTER TO OI TO NOTIFY TP CLAIM & NCD ISSUED.
	- EMAIL TO TP FOR EVIDENCE
09/09/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
23/11/19	- SEEK MANDATE TO EP BY EMAIL
25/11/19	- OI APPROVED MANDATE. SEND ACCEPTANCE EMAIL TO TP.
	- RECEIVED DOCS. ALL IN ORDER

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	09/09/19 - VIC

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: 15/02/19 Sent By: a3

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LG	S$ 5,600.00 (3 days)	Reduction: 79 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/11/19	Confirm with WAI YIN	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) — Agreed circled	BOLA S/N No.: 15	If NO or B 28, Ass. Lia:
Repair Cost: (w/GST)	S$ 5,992.00		COIB CHANGED LANE)
Loss of Rental (LOR):	S$ 496.60 (5 days) x $99.32		TP VIDEO IN
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ 250.00 ($ 50 x 5 days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ [Tick only one]	
GIA/LTA Search	S$ 7.49		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle — Normal circled
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $ 400.00
Total:	S$ 6,746.05	Global Sum S$: —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 6,746.05	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: —	