

15/5/2010

INS. CASE OWNER:

kl

CCP AXA1900

WAAA, KH63

LKK: IDAC:

ASSIGNMENT

Surveyor:

KENNEDY

DOI:

18/02/19

Date / Time :

18/2/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHB 99810

Claim No. :

29moic8v/ 99928

Name of Insured :

TRANS VTB SERVICES PCL

Policy No. :

VPA / P16805W

Insured Tel No. :

HP:

Make / Model :

KE MULLT

Excess Sec II :\$S

D.O.A :

26/1/19

Place of Accident :

V80 PISMAN ST 24 4

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Yong Yook pin

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

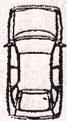
Driver Tel No. :

(VL: YES / NO)

Insured Liability :

% Final ? Yes / No

SFA 3127M



INSRS: WSP: Tel: Liability: RMKS:

Lim Lim



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		STAGE	DATE / PIC
	SFA 3127M	Non-Reporting ltr (1st):	
	SHB 99810 - 2/1/19	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	18/02/19-JK
18/02/19	FILE REQUESTED. OLD REQUESTED TO PARK. SEND QUOTE TO OI OO. TO NOTIFY TP CLAIM. MINAUGUST TP LOD IN BY EMAIL	Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI: EMAIL	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input checked="" type="checkbox"/>
		Others: DO FORM	<input checked="" type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:			

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 48	\$S 1,550.00 (3 days) Reduction: 34 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 02/05/19	Confirm with: RICHARD	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: %	100 (Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia : (OLD REQUESTED TO PARK)
Repair Cost: (w/gst)	\$S 1,658.50		
Loss of Rental (LOR):	\$S - (days)		
Loss of Use (LOU):	\$S 300.00 x 3 days		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	\$S -		
Medical:	\$S -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S - (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$S -		3) Survey fee: \$250.00
Total:	\$S 1,958.50	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S 1,958.50	Name 1: LIM TAN MOTOR PRTS SD	
Payee 2: (Strike if N.A.)	\$S -	Name 2: -	
Payee 3: (Strike if N.A.)	\$S -	Name 3: -	