15/5/2010

INS. CASE OWNER: ~~YOO~~ CHAI YAN | CC 3 / AIG 1900 3157 / Kha3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KSL | DOI: 17/7/19 | Date / Time: 29/7/19 | Registered in Merimen: 29/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJN 7310 S	Claim No. :	537949803470G
Name of Insured :	Sg Rent & Drive P/L	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 17/07/19	Place of Accident :	
Is driver the owner? (YES / NO) — NO circled	Nature of Accident :		
If NO, Driver Name / Age :		OI GIA REPORT YES / NO ; TP GIA REPORT YES / NO — YES circled (both)	
Driver Tel No. :	(V/L: YES / NO) — YES circled	Insured Liability : %	**Final ? Yes / No**

SH0 5952 D → → →

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

Date/ Time	
	SH0895 2D - NAIFC1180146 81 / D2 ; DOA: 26/8/15
	- C/1713002026 (Kuo?) ; DOA: 11/1/13
	SJN 7310 S - X
28/2	OIMP. sent out 1st letter.
15/05/19	OI GIA Report in Merimen
	- FINALISED
	- ORIGINAL TP LOD IN
20/08/19	- SEND ACCEPTANCE EMAIL TO TP
	- RECEIVED PV
	- 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:	
After call ltr to OI:	20/08/19 - 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: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 4,400.00 (3 days)	Reduction: 88 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21/08/19	Confirm with WAI YIN	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) — Agreed circled; BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : COLD HIT TP)
Repair Cost: (w/GST)	S$ 4,708.00		
Loss of Rental (LOR):	S$ 405.84 (4 days) x $101.46		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 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: $320.00
Total:	S$ 5,321.33	**Global Sum S$:** —	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,321.33	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:	—