15/5/2010

~~INS.~~ CASE OWNER:

CC 3 / AIG 1900 3363 / Kha3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KGL　　DOI: 21/2/19　　Date / Time : 21/2/19

Registered in Merimen: 22/2/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV 6801 H		Claim No. :	
Name of Insured : Hartley Nicholas James		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 19/2/19	Place of Accident :	
Is driver the owner? (YES / NO) [NO circled]		Nature of Accident :	
If **NO**, Driver Name / Age :		OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]	
Driver Tel No. :	(V/L: YES / NO) [YES circled]	Insured Liability : %	**Final ? Yes / No** [No circled]

SHD 976 T → ______ → ______ → ______

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

Date/ Time	
1/3 VIC	SHD976T - CC/AIG 1700 1259 / Kh g397 ; 100%: 16/1.1.7
	SLV 6801H - X
15/3/19	call OID, TP claim inform & aware NCD affected
3/4/19	Send LOI
	- FINALISED
	- ORIGINAL TP LOD IN
28/05/19	- SEND 1ST OFFER TO TP.
31/05/19	- TP ACCEPTED OFFER.
	- 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: 15/3/19 cecilia	Victor
After call ltr to OI: 3/4/19 cecilia	

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: P/P S$ 3,182.45 (2 days) Reduction: 84 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 31/05/19 Confirm with WAI YIN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) [Agreed circled] BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 3,351.72	COI (REAR-ENDED TP)
Loss of Rental (LOR):	S$ 453.60 (4 days) X $ 113.40	
Loss of Use (LOU):	S$ 200.00 ($ 50 x 4 days)	
Loss of Income (LOI):	S$ – ($ x 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: $320.00
Total:	S$ 4,012.81 **Global Sum S$:** 4,000.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 4,000.00	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:	–