15/5/2010

INS. CASE OWNER: Richard | CC4 ABM /~~AXA~~1900 8324 / T2 ph3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MCH   DOI: 10/5/19.   Date / Time : 10/5/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHD 777B	Claim No. :	SAM02MCC/11549
Name of Insured :	TRANS CAB SERVICES P/L	Policy No. :	VPX/P16805V0
Insured Tel No. : HP:		Make / Model :	RENAULT
Excess Sec II :S$	D.O.A : 8/5/19.	Place of Accident :	KALLANG RD

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**. Driver Name / Age : ZULKIFLI LIM BIN ABDULLAH @ PETER   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SHB 7304 E →   →   →   →

INSRS: DING WSP: Auto Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD 777B } CS/FCL/900830X/KKD/DMA - 8/5/19
	SHB 7304E }
	# smartclaim.
	* to obtain TP video before engaging OI's claim
	PIC: VIVIAN
8/10/19.	— ✓ TP video
14/11/19	— DS for

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	~~20/8~~ 8/11/19
After call ltr to OI:	(By email)

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: PIP   S$ 1755.13 (4 days) Reduction: 45 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14/11/19   Confirm with DD   Email ✓ Call ☐

Final Liability:	% 50 (Agreed / ~~Assessed~~) BOLA S/N No. : 14(a)	If NO or B 28. Ass. Lia :
Repair Cost: 4th 1877.99	S$ 934.00	
Loss of Rental (LOR) 315.90	S$ 157.95 (3 days) x $105.30	
Loss of Use (LOU):	S$ — (S$ — x — days)	
Loss of Income (LOI) 150	S$ 75.00 (S$ 50 x 3 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ **[Tick only one]**	
GIA/LTA Search	S$ 7.45	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle (Cap)
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $25/ 00
Total:	S$ 1174.40 **Global Sum S$:** 1170.00	

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

Payee 1:	S$ 1170.00	Name 1: DING Automotive Pte Ltd.
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: