

15/5/2010

INS. CASE OWNER:

Richard

CC4 / AXA1900

8224

T2

LKK:

IDAC:

Surveyor:

mch

DOI:

ASSIGNMENT

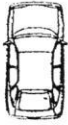
10/5/19

Date / Time:

10/5/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 777B

Name of Insured:

TRANS LAB SERVICES Pte

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

8/5/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

24/11/19 Lim Bm AB DUNLAP

Driver Tel No.:

(V/L: YES / NO)

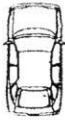
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHB 7704E



INSRS:

WSP:

Tel:

Liability:

RMKS:

bring
Auto

INSRS:

WSP:

Tel:

Liability:

RMKS:



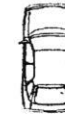
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHD 777B

SHB 7704E

15/5/19

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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:

Documentation Check List:

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:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

SS

1255.13

(4 days)

Reduction:

45

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

dd

Email

Call

Final Liability:

SS

1877.99

(3 days)

x \$105.30

If NO or B 28. Ass. Lia :

Repair Cost

SS

934.00

Loss of Rental (LOR)

SS

157.95

(3 days)

x \$105.30

Loss of Use (LOU):

SS

(\$ 50 x 3 days)

Loss of Income (LOI)

SS

75.00

(\$ 50 x 3 days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

SS

745

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

1170.00

Global Sum SS:

1170.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1170.00

Name 1:

Ding Automotive Pte Ltd.

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3: