15/5/2010

INS. CASE OWNER: EOON SEN | CC 3 /CTI1901 1490 , Ch6352 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 27/6/19. Date / Time : 27/6/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJW 3833D.		Claim No. :	SWMIAD 212038.
Name of Insured : NG TEK KIONG		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 26/6/19.	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : ME QINGXIA		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHC 5771P → → →

INSRS: Trans cab.	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC5771P — X SJW3833D — X	Non-Reporting ltr (1st):	
	- FINALISED	Non-Reporting ltr (2nd):	
	- TP VIDEO IN. V/VIO/SHC5771P	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
11/07/19	- FILE REVIEWED. OI EXITING FROM SLIP ROAD. SEND LETTER & EMAIL TO	Call OI:	
	OI TO NOTIFY TP CLAIM & NCD	After call ltr to OI:	11/07/19 - VIC
	ISSUES.		
	- EMAIL TO TP & REQUEST VIDEO FOOTAGE.		
	- TYPE REPORT WHILE PENDING TP LOD.		
	- REPORT DONE		
	- ORIGINAL TP LOD IN.		
21/08/19	- SEEK MANDATE APPROVAL TO OI		
13/03/2020	- CTI APPROVED MANDATE. SEND 1ST OFFER TO TP.		
	- RECEIVED DV. TP ACCEPTED OFFER.		
17/03/2020	- ALL DOCS IN ORDER		

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: 28/06/19 Sent By: KS

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 4,100.00 (3 days)	Reduction: 91 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/03/2020	Confirm with WAN YIN	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 1	If NO or B 28, Ass. Lia : COID FROM SLIP ROAD)
Repair Cost: (W/GST)	S$ 4,387.00		
Loss of Rental (LOR):	S$ 297.39 (3 days) X $99.13		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ 150.00 ($50 x 3 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [Tick only one]		
GIA/LTA Search	S$ 7.49		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $400.00
Total:	**S$** 4,841.88	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,840.00	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: —	