

15/5/2010

INS. CASE OWNER:

HOO CHIT YAN

CC3 /AIG1901

1591

K16352

LKK:

IDAC:

Surveyor:

Kinneth

DOI:

ASSIGNMENT

26/6/19

Date / Time:

26/6/19

Registered in Merimen:

1/7/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJP 3585G

Claim No.:

4679229259

Name of Insured:

KA UNICKIEWAN SLO KUNIBOR

Policy No.:

1900003561

Insured Tel No.:

HP:

9800000000

Make / Model:

Toyota

Excess Sec II :S\$

D.O.A.:

27/6/19

Place of Accident:

P1E TWO'S TMS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

KUNICKIEWAN

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

Driver Tel No.:

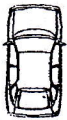
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SHC 5691L



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans Cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 5691L - 1		
	SJP 3585G - 1		
	FINANCIAL		
16/07/19	FILE REVIEWED. OLD RATE-ENDED TP. SEND LETTER IN BULK TO OI TO NOTIFY TP CLAIM IN NCB ISSUES.	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	16/07/19 - JK
	ORIGINAL TP LOD IN	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐
15/08/19	TYPE REPORT FOR WARRANT APPROVAL	After call ltr to OI:	☒
	REPORT DONE	Authorisation To Act:	☒
15/01/19	SUBIC WARRANT APPROVAL TO AG	Release Voucher:	☒
09/01/20	AG APPROVED WARRANT CLOTH 6 DAYS	Final Repair Bill:	☒
10/01/20	SEND 1ST OFFER TO TP	Car Rental Invoice:	☒
13/01/20	TP ACCEPTED OFFER.	Towing Invoice	☐
	ALL DOCS IN ORDER.	LTA / GIA:	☒
	TO CLOSE.	Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	46	S\$ 8,000.00	(5 days) Reduction: 85 %	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
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Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	27	If NO or B 28, Ass. Lia:
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Repair Cost: (w/65%)	S\$	8,560.00			COLD RATE-ENDED TP)
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Loss of Rental (LOR):	S\$	581.94	(6 days) x 96.99		
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Loss of Use (LOU):	S\$	—	(\$ x days)		
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Loss of Income (LOI):	S\$	200.00	50 x 6 days)		
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒					[Tick only one]
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GIA/LTA Search	S\$	7.49			
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Medical:	S\$	—			1) Claim status: Normal/Reject/Private Settle
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Disbursement:	S\$	—	(e.g. Tow/ Independent)		2) Report Format:
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Legal Cost	S\$	—			3) Survey fee: 4320.00
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Total:	S\$	9,449.43	Global Sum S\$:	9,440.00	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	S\$	9,440.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD	
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Payee 2: (Strike if N.A.)	S\$	—	Name 2:	—	
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Payee 3: (Strike if N.A.)	S\$	—	Name 3:	—	
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