

15/5/2010

INS. CASE OWNER:

CC 3/QBE1901 1876

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

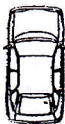
2/3/19

Date / Time:

3/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YP 9749J

Claim No.:

VL01277

Name of Insured:

SINGAPORE TRANSPORT SERVICES PTE LTD

Policy No.:

8-V0009451-MVA-E001

Insured Tel No.:

HP:

Make / Model:

MITSUBISHI

Excess Sec II :\$S

D.O.A.:

2/3/19

Place of Accident:

377 KMK AVE 6 LP

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: LEE MING KOOI

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

Driver Tel No.:

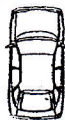
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SHD 520(M)

INSRS:
WSP:
Tel:
Liability:
RMKS:Trans
CnbINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	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:	27/08/19 - oic
	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: 04/07/19 Sent By: b3		
FINALIZATION Date/Time: Confirm with:	Confirm by:	
Repair Cost: P/P \$S 804.93 (2 days) Reduction: 96 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 26/07/20 Confirm with: WAI YIN	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia:	
Repair Cost: (w/gst) \$S 861.28	COID PROVIDED & HIT TP	
Loss of Rental (LOR): \$S 283.50 (2.5 days) x \$113.40		
Loss of Use (LOU): \$S - (\$ x days)		
Loss of Income (LOI): \$S 125.00 (\$ 50 x 2.5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [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 1,277.27 Global Sum \$S: 1,270.00		
FINAL PAYMENT Date/Time: Confirm with:	Email ☐ Call ☐	
Payee 1: \$S 1,270.00 Name 1: TRANS-CAP AUTO SERVICES PTE LTD		
Payee 2: (Strike if N.A.) \$S - Name 2: -		
Payee 3: (Strike if N.A.) \$S - Name 3: -		