

P.P.S. CASE OWNER: LEE MING YAO

CC3 / AIG 19013036 / Kha39

KK:  
IDAC:

Surveyor:

Kenneth

DOI:

23/7/19

Date / Time:

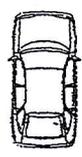
23/7/19

Registered in Merimen:

24/7/19

Pre-assign / CCU / FTE:

ASSIGNMENT



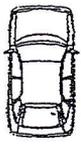
Insured Vehicle No. : SMG 9984 Y  
 Name of Insured : Seah Yang Ling  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II :SS \_\_\_\_\_ D.O.A : 21/7/19  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : \_\_\_\_\_  
 Driver Tel No. : \_\_\_\_\_ (V/L YES / NO)

Claim No. : 357771610406  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_  
 OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Insured Liability : \_\_\_\_\_ % Final ? Yes / No

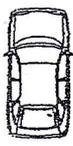
SMG 9984 Y → SHF 602L → SH8891A



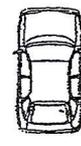
INSRS:  
WSP:  
Tel:  
Liability:  
RMKS: (01)



INSRS:  
WSP: Trans-Cab  
Tel:  
Liability:  
RMKS: (TP)



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:	<u>20/8/19 - JIC</u>
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	STAGE	DATE / PIC
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>49</u>	S\$ <u>21,650.00</u> ( <u>14</u> days) Reduction: <u>31</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No.: <u>28</u>			
Repair Cost: <u>(w/cost)</u>	S\$ <u>23,165.50</u>			<u>100%</u> <u>(3 Veh. C.C., 01 Unit)</u>
Loss of Rental (LOR):	S\$ <u>1,520.64</u> ( <u>16</u> days) x <u>95.04</u>			
Loss of Use (LOU):	S\$ <u>-</u> ( \$ x days)			
Loss of Income (LOI):	S\$ <u>-</u> ( \$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ <u>7.49</u>			
Medical:	S\$ <u>-</u>			
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent)			
Legal Cost	S\$ <u>-</u>			
Total:	S\$ <u>24,693.63</u> Global Sum S\$: <u>-</u>			
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>24,693.63</u> Name 1: <u>TRANS-CAB AUTO SERVICES PTE LTD</u>			
Payee 2: (Strike if N.A.)	S\$ <u>-</u> Name 2: <u>-</u>			
Payee 3: (Strike if N.A.)	S\$ <u>-</u> Name 3: <u>-</u>			