15/5/2010

INS. CASE OWNER: CC 4, LPC 19012779 / A ba332

LKK:
IDAC:

ASSIGNMENT

Surveyor: AZAAN DOI: 08/08/19 Date / Time: 6/8/2019

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJX 9202E	Claim No. :	19/19/19/VP06/02438
Name of Insured :	Tay Wan Chiau	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A.: 24/7/19	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age :		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : % Final ? Yes / No	

SKQ 2702 A → ______ → ______ → ______

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

Date/ Time	
	SKQ2702A - X ;
	SJX9202E - CV/LPC/1900/1559/Kea3n2 ; DOA: 18/1/19
	- CV/VAL/19001653/Bq, DOA: -
06/08/19	- FILE REVIEWED. OI REVERTED OUT FROM O/P LOT.
12/08/19	- EMAIL LIABILITY CLAIM
	- FINALISED
	- TP LOD IN BY EMAIL
23/10/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
18/11/19	- SEEK MANDATE APPROVAL TO LPC
19/12/19	- LPC APPROVED MANDATE
	- SEND 1ST OFFER TO TP.
18/8/2020	settled & closed (file put in drawer)

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:	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: 12/08/19 Sent By: 03

FINALIZATION	Date/Time:	Confirm with:	Confirm by: Email ☐ Call ☐
Repair Cost: P/P	S$ 5,147.48 (5 days)	Reduction: 7 %	Email ☑ Call ☐
FINAL SETTLEMENT	Date/Time: 26/12/2019	Confirm with TOMMY	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia : COI REVERTED)
Repair Cost: (w/GST)	S$ 5,507.80		
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 420.00 ($60 x 7 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐	LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 2.00		1) Claim status: (Normal)/Reject/Private Settle
Medical:	S$ —		2) Report Format: TP
Disbursement:	S$ —	(e.g. Tow/ Independent)	3) Survey fee: $400.00
Legal Cost	S$ —		
Total:	S$ 5,929.80	Global Sum S$: —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,929.80	Name 1: TRANS EUROKARS PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	

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