15/5/2010

INS. CASE OWNER: Stacy | CC 4ASM /AXA1901 4767 / K ~~63~~ b63 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 22/8/19.

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHF 710MH	Claim No. :	SAM01XYQ / 132661
Name of Insured :	TRANS - CAB SERVICES P/L	Policy No. :	VFX / D168050
Insured Tel No. :	HP:	Make / Model :	RENAULT.
Excess Sec II :S$ 5000.00	D.O.A : 19/8/19.	Place of Accident :	BKE
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : SAPUAN BIN TIRAN.		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHF 710M. → SGA 239R. → SLZ 5443D →

INSRS:	INSRS: Chew	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel : Goon	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time	
	SGA239R - X SHF 710M - X
27/8/19	confirm accident details. letter send out
04/05/2021	settled & closed (PHY file in Drawer)
	All docs in VIEWS.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	27/8/19
After call ltr to OI:	Vivian

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: Email [ ] Call [ ]

Repair Cost: L/S Repair Limit S$ 2,000.00 (7 days) Reduction: 9234 %

FINAL SETTLEMENT Date/Time: 4/5/2021 Confirm with KELLY Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia.: 0%.
Repair Cost: (w/gst)	S$ 2,140.00	O3D involved in 3 L-C
Loss of Rental (LOR): (w/gst)	S$ 1,605.00 (10 days) x $150.00	O3D is FL last veh
Loss of Use (LOU):	S$ — (S x days)	
Loss of Income (LOI):	S$ — (S x days)	
LOR only [✓] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] **[Tick only one]**		
GIA/LTA Search	S$ 31.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ —	3) Survey fee: $350.00
Total:	**S$** 3,776.00 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 3,776.00	Name 1: CHEW GOON MOTOR
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —