

15/5/2010

INS. CASE OWNER:

Maricel.

CC 3/AIG1702

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLK 6487A

Name of Insured:

URP

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

ANG BENY 41046

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

991402050554

Policy No.:

999995063

Make / Model:

2040TH

Place of Accident:

BAYFRONT AVE

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

Insured Liability:

%

Final ? Yes / No

SLB 7797H



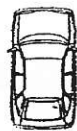
INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans
CUB

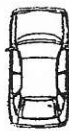
INSRS:

WSP:

Tel:

Liability:

RMKS:



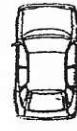
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
9/1/18	Non-Reporting ltr (1st):	
9/1/18	Non-Reporting ltr (2nd):	
9/1/18	Non-Reporting ltr (Final):	
9/1/18	Notification ltr (if non-pickup):	
9/1/18	Call OI:	11/1/18 email
9/1/18	After call ltr to OI:	view
11/1/18	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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability:

%

50

(Agreed / Assessed)

BOLA S/N No.:

NIC

Repair Cost: 3103.00

S\$

1551.50

Loss of Rental (LOR): 263.38

S\$

131.69

(

3.5

days) x

75.25

Loss of Use (LOU): 75.00

S\$

87.50

(\$

50

x

3.5

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search 7.45

S\$

7.45

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/Independent)

Legal Cost

S\$

Total: 3546.75

S\$

1778.14

Global Sum S\$:

1780.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

1780.00

Name 1:

Trans cab Auto Services Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

COPY SENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: