15/5/2010

INS. CASE OWNER: Priyn | CC3 / III1800 3213 , Kja39 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth

DOI: 19-02-18

Date / Time: 19-02-18

Registered in Merimen: 20/2/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3135 J

Claim No. : MC1180204237

Name of Insured : UPL

Policy No. : MCM0001 5

Insured Tel No. :

HP:

Make / Model : H. 140

Excess Sec II :S$

D.O.A : 13-02-18

Place of Accident : BIDOK NORTH AVE 6

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age : POH KENG SIONG

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SHF 721 B → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans-Cab	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
22/2 Joy	SHF721B. CC4/AAA1300884401 Kja392 : DOA: 30/4/17
	SHD 3135 J - X
	OI HIT TP FROM REAR.
	TO VIEW CCTV.
21-5-18	FOR MANDATE. LOD IN.
	RECEIVED 20 JUN 2018
	RECEIVED 21 MAY 2018
	FROM DOA - CNY - REPAIR DAYS
	111 - MANDATE 5 DAYS ONLY

STAGE	DATE / PIC
Non-Reporting ltr (1st):	NA
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):	X	
After call ltr to OI:	X	
Authorisation To Act:	/	
Release Voucher:	/	
Final Repair Bill:	/	
Car Rental Invoice:	/	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
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: S$ (days) Reduction: %

FINAL SETTLEMENT Date/Time: 7-6-18 Confirm with RTM KSC JAS Email ☐ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27
Repair Cost: GST	S$ 1,337.50	
Loss of Rental (LOR):	S$ 710.22 (7 days) 101.46	
Loss of Use (LOU):	S$ – ($ x days)	
Loss of Income (LOI):	S$ 280 $ 40 x 7 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ –	
Medical:	S$ –	
Disbursement:	S$ –	(e.g. Tow/ Independent)
Legal Cost	S$ –	
Total:	S$ 2,327.72	**Global Sum S$:**

If NO or B 28, Ass. Lia :

COPY SENT 20/6/18

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 2,327.72	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ X	Name 2:	X
Payee 3: (Strike if N.A.)	S$	Name 3:	