15/5/2010

INS. CASE OWNER:

CC 3 / ~~111800 4032 / Kea3s2~~ FCI18004032/Kea3s2

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH

DOI: 28/02/18

Date / Time: 28/02/18

Registered in Merimen: 02/03/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 9104A

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S$

D.O.A : 27/02/18

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : %

Final ? Yes / No

SHA 9104A → SHC 5714E → SJY 270L →

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

Date/ Time		STAGE	DATE / PIC
	SHC 5714E - CC3/AXA13003104/Kul6Sw2 DOA: 9/02/...	Non-Reporting ltr (1st):	
	SHA 9104A - X	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: Sent By:

Confirm by: KSC Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: L/S S$ 19,000.00 (15 days) Reduction: 82 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17.08.20 Confirm with WAI YIN

If NO or B 28, Ass. Lia : 100%

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28

3VEH CC OID LAST

Repair Cost: w/GST S$ 20,330.00

Loss of Rental (LOR): S$ 1,521.90 (15 days) X $101.46

Loss of Use (LOU): S$ - ($ x days)

Loss of Income (LOI): S$ 750.00 ($ 50 x 15 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$ -

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $600

Total: S$ 22,601.90 **Global Sum S$:** 22,550.00

FINAL PAYMENT Date/Time: 17.08.20 Confirm with: WAI YIN Email ☐ Call ☐

Payee 1:	S$ 22,550.00	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:	