15/5/2010

INS. CASE OWNER: CC 3/1111800 5441 , KWH

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 2/1/18 p s3 Date / Time : 2/1/18

Registered in Merimen: 2/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 6954H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 20/1/18 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**

SHC 5667Z → → → →

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

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 5667Z-X SHA 6954H-X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
24/04/2020	PIs refer to Views for details.	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:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 5,300.00 (3 days) Reduction: 86 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time 24/04/2020 Confirm with Jasmine Email ☑ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : 6 If NO or B 28, Ass. Lia :

w/GST Repair Cost: 5,671.00 S$ 2,835.50

Loss of Rental (LOR 355.11 S$ 177.56 (3.5 days) x $101.46

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

Loss of Income (LOI 140.00 S$ 70.00 ($ 40 x 3.5 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ **[Tick only one]**

GIA/LTA Search	S$		
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:	$600.00
Total:	**S$** 3,083.05 **Global Sum S$:** 3,000.00		

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

Payee 1:	S$ 3,000.00	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:	