

INS. CASE OWNER:

CC 3 / BQ11800 9087, K111103

LKK:
IDAC:

Surveyor:

AWK

DOI:

ASSIGNMENT

13/5/18

Date / Time :

13/5/18

Registered in Merimen:

Pre-assign / CCU / FTE

SLO 925 T



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 13/5/18

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. :

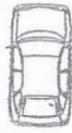
(VL: YES / NO)

Insured Liability : % Final ? Yes / No

SHB7808K



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHB7808K - CU / CTU / 13026 / KUB327 - 0015-11/18
SLO 925 T - MAFINC160 93808 / 164 - 13/5/18

STAGE DATE / PIC

| | | |
|-----------------------------------|--------------------------|--------------------------|
| Non-Reporting ltr (1st): | | |
| 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) | <input type="checkbox"/> | <input type="checkbox"/> |
| After call ltr to OI: | <input type="checkbox"/> | <input type="checkbox"/> |
| Authorisation To Act: | <input type="checkbox"/> | <input type="checkbox"/> |
| Release Voucher: | <input type="checkbox"/> | <input type="checkbox"/> |
| Final Repair Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| Car Rental Invoice: | <input type="checkbox"/> | <input type="checkbox"/> |
| Towing Invoice | <input type="checkbox"/> | <input type="checkbox"/> |
| LTA / GIA : | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| PIR: | <input type="checkbox"/> | <input type="checkbox"/> |
| Mandate/Reject Instruction: | <input type="checkbox"/> | <input type="checkbox"/> |
| LOD | <input type="checkbox"/> | <input type="checkbox"/> |
| Payment Breakdown Form: | <input type="checkbox"/> | <input type="checkbox"/> |
| Post-Repair Photos: | <input type="checkbox"/> | <input type="checkbox"/> |
| Others: | <input type="checkbox"/> | <input type="checkbox"/> |

21/04/2020

Pls refer to Views for details.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/sum \$ 2,600.00 (4 days) Reduction: 90 %

Email Call

FINAL SETTLEMENT Date/Time: 21/04/2020 Confirm with Jasmine

Email Call

Final Liability: % 40 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: 2,782.00 \$ 1,112.80

Loss of Rental (LOR) 301.00 \$ 120.40 (4 days) x \$75.25

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

Loss of Income (LOI) 200.00 \$ 80.00 (\$ 50 x 4 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$ 7.45

Medical: \$

1) Claim status: Normal/TP

Disbursement: \$ (e.g. Tow/ Independent)

2) Report Format: TP

Legal Cost \$

3) Survey fee: \$400.00

Total: \$ 1,320.65 Global Sum \$: 1,300.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email Call

Payee 1: \$ 1,300.00

Name 1: Trans-cab Auto Services Pte Ltd

Payee 2: (Strike if N.A.) \$

Name 2:

Payee 3: (Strike if N.A.) \$

Name 3: