

15/5/2010

INS. CASE OWNER:

Chyngwa | CC 4 / AXA1800 9405, F *MMH*

LKK:
IDAC:

Surveyor: *KSC* DOI: *21/5/18* Date / Time : *21/5/18*

Pre-assign / CCU / FTE

STC 9676K

Registered in Merimen: _____



Insured Vehicle No. : _____

Claim No. : *S8muv107 / 47197*

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :SS _____

D.O.A : *21/5/18*

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. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SUB 9426P



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
	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	
16/11/2020	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **L/sum** S\$ 3,450.00 (2.5 days) Reduction: 92 % Email Call

FINAL SETTLEMENT Date/Time: 16/11/2020 Confirm with: **Wai Yin** Email Call

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

Repair Cost: 3,691.50 S\$ 1,845.75

Loss of Rental (LOR) 297.96 S\$ 148.98 (3 days) x \$99.32

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

Loss of Income (LOI) 150.00 S\$ 75.00 (\$ 50 x 3 days)

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

GIA/LTA Search S\$ 7.45

Medical: S\$ _____

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

Legal Cost S\$ _____

Total: S\$ 2,077.18 Global Sum S\$ 2,000.00

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

Payee 1: S\$ 2,000.00 Name 1: **Trans-cab Auto Services Pte Ltd**

w/GST