INS. CASE OWNER:	CC 3 /III1800 a476, Emlb/h s3 p	LKK:
		IDAC:

Surveyor: Kenneth   DOI: 22/5/18   Date / Time: 22/5/18   Registered in Merimen: 22/5/18

Pre-assign / CCU / FTE   SHA 3711L

Insured Vehicle No. : _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : 22/5/18   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

SHC 5087G →

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

Date/ Time		STAGE	DATE / PIC
	SHC5087G - Y	Non-Reporting ltr (1st):	
	SHA3711L - uu(...) DNr.5/8/17	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
14/08/2020	Pls refer to Views for details.	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:		☐

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 19,600.00 (18 days) Reduction: 61 %		Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 14/08/2020 Confirm with: Jasmine		Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 20,972.00		
Loss of Rental (LOR):	S$ 1,986.40 (20 days) x 99.32		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 800.00 ($ 40 x 20 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: $600.00
Total:	S$ 23,758.40	Global Sum S$: 22,000.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Call ☐
Payee 1:	S$ 22,000.00	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:	