INS CASE OWNER | CC 3/1111800 9604H / K 9604H | LKK / IDAC:

Surveyor: Kenneth | DOI: ASSIGNMENT 10/5/18 | Date / Time: 10/5/18 | Registered in Merimen: 26/5/18

Pre-assign / CCU / FTE

Insured Vehicle No: GBC 1904X | Claim No.:
Name of Insured: SEAMAR INC PTE | Policy No.: MY9770
Insured Tel No.: | HP: | Make / Model: MSSM
Excess Sec II :S$ | D.O.A: 7/5/18 | Place of Accident: 09 TM SEMA LINK
Is driver the owner? (YES / NO) | Nature of Accident:
If NO. Driver Name / Age: LEOW CHEN SENG. | OI GIA REPORT (YES) / NO ; TP GIA REPORT: (YES) / NO
Driver Tel No.: | (V/L: (YES) / NO) | Insured Liability: % | **Final ? Yes / No**

SHD 9604H →

INSRS:
WSP: Trans CAB
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	
	GHD 9604H - X GBC1904X - X
30/5/18	
Return	
12/9/18	Receive COD from T-C
19/3/20	File Pass type mandate
6/4	seek quotation mandate
9/6	pay TP acceptance
2/7	pay Signal AV.
3/7/2020	settled & closed.

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)		
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: Email ☐ Call ☐
Repair Cost: 4/5 | S$ 21700.00 (2.5 days) Reduction: 87.10 %

FINAL SETTLEMENT Date/Time: 02/07/2020 Confirm with WAI YIN | Email ✓ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 24. | If NO or B 28, Ass. Lia : O/P reverse out of parking lot.
Repair Cost: (Inc/GST) S$ 2889.00
Loss of Rental (LOR): S$ 376.25 (5 days) x $75.25
Loss of Use (LOU): S$ — ($ x days)
Loss of Income (LOI): S$ 200 ($ 40 x 5 days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ✓ [Tick only one]
GIA/LTA Search S$ 7.49
Medical: S$ —
Disbursement: S$ — (e.g. Tow/ Independent)
Legal Cost S$ —
Total: S$ 3472.74 **Global Sum S$:** 3,400.00 | 1) Claim status: Normal/Reject/Private Settle | 2) Report Format: TP | 3) Survey fee: $600.00

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

Payee 1:	S$ 3,400.00	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:	—