

15/5/2010

INS. CASE OWNER:

CC 3/CTI1801

6197, KJB3

LKK:

IDAC:

Surveyor:

Ken Nee

DOI:

ASSIGNMENT

4/1/18

Date / Time:

4/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SL7 7447X

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

11/8/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SL7 7447X

SHB 7661R

SL7 872EK



INSRS:

WSP:

Tel:

Liability:

RMKS:

61



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans
Cab
TP

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHB 7661R

SL7 7447X - X

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:

Repair Cost:

L/S \$S 14,900.00

(19 days) Reduction: 12.02 %

Email

Call

FINAL SETTLEMENT

Date/Time:

22/04/2020 Confirm with Jasmine Tan

Email

X

Call

Final Liability:

% 100%

(Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 100%

Repair Cost: (W/GST)

\$S 15,943.00

3 veh c.c., OI is last car

Loss of Rental (LOR):

\$S 1,881.25

(25 days) x \$75.25

Loss of Use (LOU):

\$S - (\$ x days)

Loss of Income (LOI):

\$S - (\$ x days)

LOR only ☒ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

\$S 7.49

Medical:

\$S -

Disbursement:

\$S -

(e.g. Tow/ Independent)

Legal Cost

\$S -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$400.00

Total:

\$S 17,831.74

Global Sum \$S: 17,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S 17,000.00

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:

-

ASS. REC. BY:

REF:

CT21

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

19

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

3/9

File pass to Catherine

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$

Days Of Repair:

Resurvey No. of Trlp:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fixtures

Others

TOTAL

Veh No:

SHB 7661R

Yr Regn:

06.12

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make:

Chevrolet Epica

c.c

1991

Colour:

White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

806721

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KL1LA69RJBB 092574

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M / S / R / m / STD A / R / m or

Tyre Size:

F:

R:

195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Giti

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

3/18/18

D.O.I.

4/9/18

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

A/R

The U/C / Chassis frame / Body Structure affected due to collision.