

15/5/2010

INS. CASE OWNER:

CC 7/AXA1801 7924, K/H

ps3

LKK:

IDAC:

Surveyor:

RSC

DOI:

ASSIGNMENT

Date / Time :

25/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHD 9257X

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

21/1/18

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

SHD 8997

INSRS:
WSP:
Tel :
Liability :
RMKS:Trans
cabINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
22/05/2020	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:		
Repair Cost: P/P	SS 3,730.19	(2.5 days) Reduction: 88 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 22/05/2020	Confirm with: Wai Yin	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	SS 3,991.30			
Loss of Rental (LOR):	SS 385.74	(3.5 days) x \$110.21		
Loss of Use (LOU):	SS (\$ x days)			
Loss of Income (LOI):	SS (\$ x days)			
LOR only ☒	LOU only ☐	LOR + LOU ☐	[Tick only one]	
GIA/LTA Search	SS			
Medical:	SS			
Disbursement:	SS	(e.g. Tow/ Independent)	1) Claim status: Normal/TP	
Legal Cost	SS	2) Report Format: TP		3) Survey fee: \$350.00
Total:	SS 4,377.04	Global Sum SS: 4,370.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	SS 4,370.00	Name 1:	Trans-cab Auto Services Pte Ltd	
Payee 2: (Strike if N.A.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		