

S.M.V. No.:

KSL

DOI:

ASSIGNMENT

15/10/18

Date / Time:

15/10/18

Registered in Merimen:

17/10/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 3881T

Name of Insured:

CPL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

11-10-18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

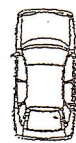
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SHC 8910E



INSRS:

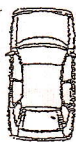
WSP:

Tel:

Liability:

RMKS:

Trans-Cab



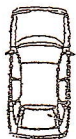
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

19/10

SHC 8910E, X; SHC 3881T, X

Jny

9/8/19

RTM

- PINKUETED

- ORIGINAL TP LOD IN

29/8/19

- MANDATE APPROVED
 - TP ACCEPTED OFFER.
 - ALL DOCS IN ORDER
 - TO CLOSE.

27-5-19

FOR MANDATE

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: LB

S\$ 51400.00 (4 days) Reduction: 93 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost: G55

S\$ 6,099.22

(OLD FROM OUR ROAD)

Loss of Rental (LOR):

S\$ 710.22 (7 days) 101.46

Loss of Use (LOU):

S\$ - (\$ x days)

Loss of Income (LOI):

S\$ 160.00 (\$40 x 4 days) TPB 12 DAYS

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

GIA/LTA Search

S\$ -

Medical:

S\$ -

Disbursement:

S\$ -

Legal Cost

S\$ -

Total:

S\$ 6,969.22

Global Sum S\$: -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$600.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 6,969.22

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: