es3

15/5/2010

INS. CASE OWNER: CC 3/CTI1801 9V67, Kym. | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 17/10/18 Date / Time : 17/10/18.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 5968J. Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/10/18. 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**

SHF 617E → → →

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

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHF 617E - Y GBH 5968J - Y

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: KSC
Repair Cost: L/S	S$ 4,200.00 (4 days)	Reduction: 70 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07.09.20	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	S$ 4,494.00	OID UTURN HIT TP (WITNESS STATEMENT)	
Loss of Rental (LOR):	S$ 333.84 (4 days)	X $83.46	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☑ [Tick only one]	
GIA/LTA Search	S$ 7.49		
Medical:	S$ -		1) Claim status: Normal/[redacted]
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $400
Total:	**S$** 5,035.33	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 07.09.20	Confirm with: WAI YIN	Email ☐ Call ☐
Payee 1:	S$ 5,035.33	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:	