

15/5/2019

INS. CASE OWNER:

CC 3/CTI1801

9889, Kelo

LKK:

IDAC:

Surveyor:

Fameth

DOI:

ASSIGNMENT

Date / Time:

21/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBH 7680A

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

20/10/18

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

SND 92654



INSRS:

WSP:

Tel:

Liability:

RMKS:

trans cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	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:
Repair Cost:	L/S \$S 4,950.00	(5 days) Reduction 15,327.43/76%
FINAL SETTLEMENT	Date/Time: 15/7/2020	Confirm with WAI YIN
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27
Repair Cost: (w/ GST)	\$S 5,296.50	
Loss of Rental (LOR):	\$S 526.75	(7 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	
Total:	\$S 5,830.74	Global Sum \$S: 5,750.00
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 5,750.00	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:

