

15/5/2010

INS. CASE OWNER:

TOS CHOW WAI

CC

/ATG1900

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No



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
21/1/19	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	29/07/19 - vic
	Documentation Check List:	Handler Typist
29/07/19	Notification ltr (if non-pickup)	☒
	After call ltr to OI:	☒
	Authorisation To Act:	☒
	Release Voucher:	☒
08/08/19	Final Repair Bill:	☒
	Car Rental Invoice:	☒
	Towing Invoice:	☐
15/08/19	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:

L19

SS 1,800.00

(2.5 days) Reduction:

91

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final liability:

%

80

(A read / Assessed)

BOLA S/N No. :

NIL

If NO or B 28, Ass. Lia :

Repair Cost:

24,926.00

SS

968.00

Loss of Rental (LOR):

SS

152.19

(3 days)

x \$ 101.46

Loss of Use (LOU):

SS

-

(\$

x

days)

Loss of Income (LOI):

SS

-

(\$

x

days)

LOR only

☒

LOU only

☐

LOR + LOU

☐

LOR + LO

☐

[Tick only one]

GIA/LTA Search

47.49

SS

7.49

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00

Total: 42,234.87

SS

1,122.68

Global Sum S\$:

1,120.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1,120.00

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:

-