

INS. CASE OWNER:

CC 3 / LPL 1900 2027 / Kph3nz

LKK:
IDAC:

ad char

ASSIGNMENT

Surveyor:

KSC

DOI:

12/2/19

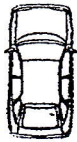
Date / Time:

12/2/19

Registered in Merimen:

Pre-assign / CCU / FTE

X06433P



Insured Vehicle No.:

Name of Insured:

The Global Resources P/L

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

9/2/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

Smy Ave

If NO, Driver Name / Age:

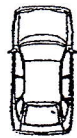
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SHB9762U



INSRS:

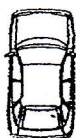
WSP:

Tel:

Liability:

RMKS:

Trans. Co



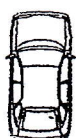
INSRS:

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: 15/02/19

Sent By: a3

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L16

S\$ 13,500.00 (14 days) Reduction: 73 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (w/acc)

S\$ 14,445.00

COLD RATE - ENDED TP

Loss of Rental (LOR):

S\$ 1,502.28 (18 days) x 83.46

Loss of Use (LOU):

S\$ - (\$ x days)

Loss of Income (LOI):

S\$ 900.00 (\$ 50 x 18 days)

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

GIA/LTA Search

S\$ 7.49

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 150.00

Total:

S\$ 16,854.77

Global Sum S\$: 16,850.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 16,850.00

Name 1:

TRANS-CAB AUTO SERVICES PTB LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-