

15/5/2010

INS. CASE OWNER:

CC 3/1111900 3708, Kjob

LKK:
IDAC:

Surveyor: Flnaethu

DOI: W/3/19

Date / Time: 20/1/19

Registered in Merimen: W/3/19

Pre-assign / CCU / FTE

SHC 30942



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 16/1/19

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



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>20/1/19 - 4</u>	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: P/P \$S 1966.90 (2.5 days) Reduction: 11,710.58 % 86 Email Call

FINAL SETTLEMENT Date/Time: 02/10/2020 Confirm with WAI YIN Email Call
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: 2104.58 \$S 1052.29 (W/GST)
Loss of Rental (LOR) 396.90 \$S 198.45 (3.5 days) x \$113.40 TP BI CLAIM AT 50%

Loss of Use (LOU): \$S (\$ x days)
Loss of Income (LOI): 140 \$S 70.00 (\$ 40 x 3.5 days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search \$S
Medical: \$S
Disbursement: \$S (e.g. Tow/ Independent)
Legal Cost \$S

Total: \$S 1320.74 Global Sum \$S: 1300.00
1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$500.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$S 1300.00 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:

